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JPRS Report

Epidemiology

AIDS

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Epidemiology AIDS

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6 November 1992

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BOTSWANA

HIV Virus Statistics for Francistown Given

92WE0686A Gaborone BOTSWANA DAILY NEWS
in English 30 Jun 92 p 3

[Article by Daphne Motswakae]

[Text] About 10,000 people in Francistown are infected with the HIV virus, says the Francistown Senior Medical Officer, Dr. Thandabantu Hlangabeza.

Addressing a Francistown full council meeting on 24 June, Dr. Hlangabeza said of these 20 percent are children and close to 80 percent are aged between 15 and 49. The number of infected people doubles every 9 to 18 months, he said.

Dr. Hlangabeza told councillors that statistics indicate more women than men are infected and the majority of infected women are in their twenties, while the majority of men ranged from late thirties to forties.

Health investigations show that about 10 percent of blood donors and 10 percent of TB patients have the virus, Dr. Hlangabeza revealed.

He however, said the worst affected group is found among pregnant mothers who number 22 percent, 33 percent of their new born babies will also carry the virus and die before reaching their second birthday.

Dr. Hlangabeza pointed out that since 1989, about 201 cases have been reported at Francistown clinics. These are people who presented themselves to clinics because they were not feeling well but are now showing signs and symptoms of the disease.

According to the district senior medical officer all these figures have serious consequences for the continued well-being of Francistown, since in any economy, the 15 to 49 year age group is the most economically active and most sexually active.

Premature deaths in this group can create serious social and economic consequences and a serious generation gap with children orphaned.

Hospitals will be unable to cope with the terminally ill Acquired Immune Deficiency Syndrome (AIDS) patients and home care would have to take over.

Councillors were told the only sure way to avert further spread of AIDS is to change people's behaviors through health education. Council was told plans are underway to intensify health education and they were called upon to support the campaign.

Dr. Hlangabeza appealed to councillors to speak about AIDS and its consequences at kgotla meetings.

Outlining some of the constraints faced by the health workers, Dr. Hlangabeza said shortage of manpower is a chronic problem as more people are needed to engage

full time on AIDS prevention work, including the need to keep confidentiality on an HIV carrier which makes the job of health worker difficult and helpless.

The Nyangabgwe Hospital Manager, Dr. Habaudi Hobona outlined the implications of HIV epidemic in a hospital setting as overcrowding of wards and mortuaries and availability of blood. [as published]

Francistown councillors agreed that people have to be sensitised about the seriousness and consequences of AIDS.

To help fight the problem, an AIDS campaign group would be formed which would address meetings in town about AIDS. The Chairman of the Health and Social Committee, Councillor Samuel Ntobedzi was elected to join the group.

ETHIOPIA

AIDS Cases Said on Rise in Eritrea

EA2908153592 Asmera Voice of the Broad Masses of Eritrea in Tigrinya 0400 GMT 28 Aug 92

[Text] Many people are dying in Eritrea of the dreaded disease, AIDS. In a statement on the disease, the head of the AIDS control department, Dr. Tesfatsion Negash, noted that the number of AIDS sufferers had doubled in the last year, that about 300 people are affected by the disease, and that there are between 15,000 and 30,000 people knowingly or unknowingly carrying the AIDS virus.

He went on to say that 85 percent of those attacked by the disease are between 20 and 49 years of age and that the disease is (?rampant) in Asmera, Mitsiwa, Aseb, Keren, and Dekemhare.

He noted that in order to control the dreaded disease AIDS, which is spreading fast, people should follow the directives given by the Department of Health.

'At Least 200' New AIDS Patients Registered Monthly

EA1509213092 Addis Ababa Voice of Ethiopia in English to Neighboring Countries 1530 GMT 15 Sep 92

[Text] The AIDS control and coordination bureau says at least 200 new AIDS patients are registered in Ethiopian hospitals every month. Dr. Mengistu Mihret, head of the bureau, said the killer disease has been spreading at an (?alarming rate), including in the rural areas, for the last six months. He said there are presently an estimated 20,000 AIDS patients in the country. He pointed out that documents from 45 hospitals suggest 70 percent of the AIDS victims being in the 20 to 40 year age-brackets. This he said represents a major drain on the country's highly productive sector.

Minister on Measures To Deal With AIDS

AB2709130092 Addis Ababa Voice of Ethiopia in Amharic to Neighboring Countries 1600 GMT 24 Sep 92

[Excerpts] More than \$6.6 million has been secured as aid for national AIDS prevention and control activities in the 1993 budget year. [passage omitted] Out of the money pledged, more than \$1.5 million will come from the Ministry of Health. [passage omitted]

In a speech announcing this, Health Minister Dr. Adanetch Kidane-Mariam said that the dreaded disease AIDS is intensifying from time to time. She went on to say that in 1992, six percent of the total population of our towns who are sexually active and 50 percent of the prostitutes became carriers of the AIDS virus. If this dreaded epidemic is not checked, it is estimated that we are going to have 45,000 AIDS patients and more than 800,000 AIDS virus carriers by the end of 1993. [passage omitted]

GHANA**Renowned Herbalist, AIDS Specialist Dies**

AB2608221992 Accra Ghana Broadcasting Corporation Radio Network in English 0600 GMT 26 Aug 92

[Excerpts] The tragic death of Nana Drobo, a renowned herbalist of the Kwaku Fri shrine in Brong Ahafo, has been announced. Nana Drobo appears to have committed suicide in the early hours of yesterday by shooting himself with a pistol. In a struggle to prevent him, a companion was wounded in the arm and shoulder. [passage omitted]

A statement from the PNDC [Provisional National Defense Council] secretariat expressed deep regret at Nana Drobo's untimely death, especially at a time when talks with the Ministry of Health were due to take place to seek ways of maximizing Nana Drobo's expertise in the treatment of AIDS which has attracted international attention. It is to be hoped, the statement said, that Nana Drobo's assistant would be able to carry on his work and that his expertise has not died with him, providing AIDS sufferers a source of hope.

KENYA**Over 23,000 AIDS Cases Now Confirmed**

92WE0685B Nairobi THE KENYA TIMES in English 25 Jul 92 p 3

[Article by David Maina and Jane Nguyai]

[Text] There are over 23,000 confirmed AIDS cases in Kenya, physician, Dr. Sylvester Faya says.

Another 750,000 are suspect carriers, says Faya, a former doctor for national soccer team Harambee Stars.

He told an AIDS awareness seminar going on at the Elida Ponds Kenya Limited factory in Nairobi on Thursday that the figure of those infected could be higher because many people have not yet been tested.

He said there are about 300,000 AIDS patients country-wide.

"We cannot ignore AIDS any more because of the sharp rise in the number of people being infected," he said. "What is worrying is that the disease does not select."

Dr. Faya said more information was needed by wananchi to enable them to avoid contracting the disease through ignorance.

He said 10 percent of all children born were infected with the HIV virus. Fifty percent of children born of infected mothers themselves contract it and die within three years of birth.

He warned school girls against falling prey of sugar daddies whom he said were now going for school girls due to the prevalence of the disease among older women.

Meanwhile, the Commissioner of Prisons, Mr. James Mareka, has stressed the need to teach preventive measures against AIDS.

Mr. Mareka was closing a one week seminar on AIDS.

MALI**AIDS Spreading in Bamako**

AB1309203092A Accra Ghana Broadcasting Corporation Radio Network in English 1800 GMT 12 Aug 92

[Editorial Report] Health authorities have disclosed that AIDS is spreading fast in Bamako with a total of 1,111 cases now registered. They say a study showed that there were 258 new cases of AIDS in Bamako in the first six months of this year, compared to 104 cases in the first six months of 1990.

NAMIBIA**Total HIV Cases Far Higher Than Estimate**

92WE0661A Windhoek THE NAMIBIAN in English 13 Jul 92 pp 1, 2

[Excerpts] Although the total of known cases of HIV infection in Namibia stands at 2,000, the actual number is immeasurably higher.

Health Minister Nicky Iyambo told members of the National Assembly in the budget debate that the March 1992 estimate represented "a fraction of the actual number of HIV infections and AIDS cases in Namibia" since mechanisms for reporting and monitoring the disease are still far from perfect. [passage omitted]

The Minister said a short-term plan for combating AIDS had already been completed and that a medium-term plan was now in progress, as well as national strategies.

For the first year, medium-term strategies will include the strengthening of management structures, the integration of activities within Primary Health Care, the development of intersectoral links, targeted campaigns for youth, women and workers, the improvement of counselling skills, the development of community-based home care, the improved management of sexually transmitted disease, the improvement of epidemiological surveillance (there is only one epidemiologist for the WHOLE of Namibia at the moment), and the continued provision of safe blood.

NIGERIA

Enugu State Has 60 AIDS Virus Cases

92WE0689A Lagos *THE GUARDIAN in English*
5 Aug 92 p 3

[Text] Enugu State now has 60 patients with recorded cases of the fully developed AIDS Virus. The State AIDS control programme, co-ordinator Dr. Tony Eloike, said in Enugu on Monday.

Three such cases were reported in the former Anambra State as at November last year, while at the end of June, 797 human blood samples tested HIV positive out of 39,000 screened.

SOUTH AFRICA

Chemist Develops Product To Kill HIV Virus

92WE0640A Cape Town *THE ARGUS in English*
21 Jul 92 p 5

[Article: "Cleaner Kills Known Bacteria and Viruses"]

[Text] Johannesburg.—A South African chemist has made an international breakthrough with the development of a new product—for medical and household use—which effectively kills all known bacteria, fungi and viruses including the HIV virus and Hepatitis B.

The product, which has been tested by various institutions including the South African Bureau of Standards, Onderstepoort and Roodeplaat, was developed by chemist researcher Ms. Toni Martin during the past three years.

"As far as I know, no one else in the world has achieved this," said Ms. Martin at the launch yesterday. "I am not making any claims of having created a "miracle" product. All I have done is to take an existing ingredient that has been proven to be effective, and developed it into a safe, user-friendly product, freely available for the protection of all."

Protect-U will be available on supermarket shelves and chemists by mid-August and indications are that it will sell for about R5,40/750ml. It is a cleaner and sanitiser which is non-corrosive, non-acidic and is biodegradable. For external use only, it can be used to prevent the spread of infectious diseases.

The product contains an active ingredient called Glutaraldehyde (Glut) which has been extensively tested worldwide and recognised as the sterilising chemical and disinfectant for infection control in medical institutions.

Glut, however, has to be chemically activated before use and then remains stable for a maximum of 14 to 28 days.

According to Stanford University head of Anaesthetics, Professor John Brock-Utne, Protect-U does not require an activator, is still active and effective up to one year has a neutral Ph and is not a skin irritant.

"This means that the powerful disinfectant properties of Glutaraldehyde, which is the active ingredient in Protect-U, will be available everywhere as an all-purpose cleaner and sanitiser," said Professor Brock-Utne.

It was also tested by Dr. Michael Becker of the Department of Virology, Stellenbosch University, where it proved effective in killing the HIV virus in the presence of organic matter.

Ms. Martin said it was not her intention to climb on the AIDS sensationalism bandwagon: "In fact, Protect-U has been tested and proven effective in killing bacteria, fungi and viruses related to most common diseases in South Africa. However, I want to make people aware of the dangers of underestimating any virus, including HIV."

Eskom's AIDS Campaign Criticized

92WE0674D Johannesburg *THE WEEKLY MAIL in English* 7-13 Aug 92 p 21

[Article by Mark Gevisser: "Eskom's AIDS Drive Gets Short-Circuited"]

[Text] Eskom's AIDS education campaign—along with its policy of screening all potential employees for HIV infection—have been slammed by both medical and legal AIDS professionals as being discriminatory and ill-informed.

The slogan "Don't bend for a friend" adorns an AIDS information pamphlet put out by the parastatal electricity giant. The pamphlet also states that while employees can be infected heterosexually by "making love with an infected male/female," they can be infected homosexually merely by "sex between two male persons." The myth is thus perpetuated that homosexuality in and of itself is a primary cause of AIDS.

"It's a very dangerous message," comments Johannesburg City Health AIDS Services Dr. Clive Evian, "for it fuels the perception that AIDS is a gay disease, which is

entirely incorrect in the South African context, where 95 percent of those who have the virus are heterosexual. The message must be that any kind of unprotected sexual intercourse between two people is dangerous—otherwise people will adopt the 'it can't happen to me' defense."

To make matters worse, the pamphlet has, on its cover, a skull beneath the words, printed in four languages, "Beware of AIDS." Evian explains that "such doom-saying is counterproductive, for it creates negative impulses like rejection, discrimination, blame, panic—things to run away from. By putting a skull on the cover and then using the slogan 'Don't bend for a friend,' the pamphlet slots into the discrimination of homosexual people and plays into stigmatisation rather than overcoming it."

To be fair to Eskom, the pamphlet was produced in 1987 when, by corporate medical consultant Dr. Charles Roos' own admission, "we were on a steep learning curve, so we didn't always get things right." But while Roos claims to have "personally locked up the offending material in a cupboard," the pamphlet is still, according to AIDS workers who have visited there, being widely disseminated at Eskom.

The Eskom pamphlet is perhaps, the most glaring example of the wrong-headedness of much policy as South African employers try to come to terms with the fact that a large proportion of the workforce may well be infected in the future.

Eskom, to its credit, was one of the first employers to formulate an AIDS policy. But while the parastatal has placed a strong emphasis on education—ill-informed though this might have been—there is another far more controversial component to its policy: the decision to screen all potential employees for HIV, and to deny any employment to those who test positive.

The World Health Organisation and the International Labour Organisation have declared that "since HIV infection by itself does not affect a worker's ability to perform a job, and an infected person cannot transmit infection to co-workers casually, employment or pre-employment testing or screening is unnecessary and should not be required." Already, France, Italy, West Germany and the African countries of Malawi and Zambia have expressly prohibited such practice.

Yet a survey presented to a conference on AIDS and the Law last month proves that many South African employers are still motivated by fear and loathing rather than common sense when it comes to AIDS: 45 percent of the respondents stated that they would breach their employees' rights to confidence if they found out one had become infected, 65 percent said they would refuse to employ an HIV-infected person, and 64 percent have not considered any type of AIDS education programme for their employees.

Good sense, though, seems to have prevailed on the issue of pre-screening prospective employees: only 10 percent

of the companies canvassed, like Eskom, actively to do this. Most employers seem now to accept that screening is, in the words of Edwin Cameron from the Centre for Applied Legal Studies, "futile, misleading, socially irresponsible, and unfair to the individual."

Roos counters, however, that Eskom's decision to screen is an attempt to "protect our fringe benefit schemes—like medical aid, housing subsidies and pension fund," and adds that there are two specific areas where "we just cannot employ HIV-positive people: where AIDS-related neurological disorders might affect the safety of the workplace, and where long-term and costly training is required."

Roos concedes that "it might be a better plan to continue screening, but just to exclude employers from these positions rather than from any work." He states, however, "that the policy is under review and screening might be scrapped altogether."

This change of heart is perhaps due to pressure and threats from the unions and the legal fraternity. Cameron makes a strong case that exclusion due to HIV-positivity constitutes an unfair labour practice and is grounds for a court challenge: "Since HIV positive job applicants may have years of constructive, healthy service ahead of them, excluding them from employment lacks a rational foundation and is unfair."

Pre-employment testing, he adds, "cannot achieve what it sets out to do. It cannot guarantee a sanitised AIDS-free workplace," because the six-month window period means that many might test false-negative, and because many more may test positive after employment.

Furthermore, Cameron says, "pre-employment screening can lead to false confidence among workers and lull them into believing, quite wrongly, that it would be safe to have sex with each other."

Many organisations—most notably the Chamber of Mines—have changed their minds about screening, not least because of its expense: by law, HIV-testing needs to be accompanied with costly and labour-intensive pre- and post-test counselling. The chamber initially had a policy of screening workers from "high-risk areas," but, due to the intervention of the National Union of Mine-workers (NUM), a new policy is being considered.

In contrast to Eskom, a model approach towards AIDS has been adopted by the building construction giant, Anglo-Alpha, which points out in its AIDS policy that, if all employers screened out HIV-positive people, "a leper colony of unemployed and unemployable people would be created," the consequences of which would be undesirable—both socially and economically.

So the company will not test present employees unless the employees themselves demand it, it offers full benefits to those who do test HIV-positive, and it does not require employees to reveal their HIV-status unless "they are unable to perform their tasks." Only once

AIDS-related illnesses affect an employee's ability to perform, will his or her employment be assessed, and then "the normal ill-health retirement regulations will apply."

Anglo-Alpha even acknowledges that "continued employment for an employee with life-threatening disease may sometimes be therapeutically important in the remission or recovery process or may help prolong that employee's life."

Labour lawyers and unionists are urging employers to treat AIDS just like any other life-threatening disease. So serious is Anglo-Alpha about preventing stigmatisation in the workplace, that there is a clause in the policy that allows the company to take disciplinary action against employees unwilling to work with HIV-positive colleagues.

Critical to the process is the education of employees, and experience from abroad has proven that this—rather than testing—is where an employers' resources are best channeled. Unions like the NUM insist, however, that such education must not be imposed upon from above, but must be designed and implemented in full collaboration with the workforce itself if it is to be effective.

And, adds Evian, "such education must have two components: it must give the facts to prevent the spread of AIDS, and it must fight stigmatisation, by urging support for those who have the disease." Many companies do the former, but few do the latter.

"And unfortunately," he concludes, "if a company gives information about AIDS but at the same time discriminates against HIV-positive people, it is giving a mixed message to its employees. It is saying that AIDS is fearful and bad and must be excised—like a malignant tumour—from the workforce. Within such a context, no amount of correct factual information will reach workers."

Government, ANC Discuss AIDS Policy

92WE0674A Johannesburg *THE STAR* in English
27 Aug 92 p 13

[Article: "Groups Unite To Combat AIDS"]

[Text] The Government and the ANC have sat down—along with 32 umbrella organisations—to discuss a new national policy on AIDS.

ANC department of health secretary Ralph Mgiijima yesterday described the initiative as unique and vital.

"This is the first time we have people working together to fight AIDS," he said.

"In the past, people working alone on individual programmes often duplicated work, and we hope the National AIDS Convention of South Africa (Nacosa) will bring them together to share ideas and identify priorities in fighting the AIDS pandemic."

Fledgling details of the new AIDS policy emerged from a conference held in Johannesburg on Tuesday—the first time anybody other than the Government has been involved in setting a national agenda for combating the disease.

The conference findings are a precursor to a national AIDS conference planned for October at which a formal, national strategy comprising aims, actions and a timetable will be adopted.

The newly formed Nacosa will replace the Government's AIDS programme as a policymaking body for AIDS.

ANC department of health promotion and AIDS prevention director Natalie Stockton yesterday said the ANC's commitment to work with the Government in formulating a new national AIDS policy, despite political reforms not having yet reached fruition, was a giant leap forward in the battle against the disease.

According to Dr. Mgiijima the most valuable lesson learnt in the decade since AIDS surfaced in South Africa was that all policy decisions taken should have the approval of the communities they were imposed on.

"AIDS programmes of the past have been largely ineffectual because it ignored this important lesson," he said.

The formulation of a new policy involving a broad spectrum of the community would ensure it survived political changes in the future, he added.

—The steering committee of Nacosa comprises delegates from the ANC, the Department of National Health and Population Development, the Congress of South African Trade Unions, the National African Congress and Trade Unions, the National African Federated Chamber of Commerce, the South African Council of Churches, the South African Consultative Committee on Labour Affairs and the SA National Civics Association.

UGANDA

Report Notes Decline in Some HIV Categories

92WE0688C Kampala *THE NEW VISION* in English
18 Jul 92 pp 1, 16

[Article by Ndyakira Amooti]

[Text] The incidence of HIV infection among the people who go for treatment of sexually transmitted diseases (STDs) has generally declined, a recent research done at Mulago STD Clinic has shown.

The two-year study which ended late last year, however, indicates that HIV infection among young women under the age of 21, remains much higher than in young men in the same age group.

Dr. Peter Nsubuga of the Mulago STD Clinic said the results of the study showed that of the women under 21

years who visited the clinic in the first year of the study, 68 percent tested positive for Human Immunodeficiency Virus (HIV), the virus that causes AIDS. Among the young men of the same age group who visited the STD clinic, 33 percent had the HIV.

Two years later, the results of the study showed that the incidence of AIDS infection among the teenage girls had come down to 33 percent, and only 10 percent among the teenage boys, who came to be treated for other sexually transmitted diseases.

Dr. Nsubuga who was presenting his paper at an Abstract Preview Workshop for the 8th International AIDS Conference, held at Rubaga in Kampala, on 9 July, said the downward trend in HIV infection among STD patients, young people, could be attributed to what he called safer selection of partners rather than condom use, for example.

The incidence of HIV infection among the old people visiting the STD clinic, he said, had remained the same, in contrast to the downward trend among the teenagers.

Talking about behavioural change, Dr. Nsubuga said reports by people who had earlier said they had never used a condom, however, had also gone down, meaning the number of condom users could have gone up. But at the same time, the numbers of those STD patients who confessed that they rarely used a condom went up.

The study further indicates that AIDS incidence among girls and boys under 19 years had remained high. The rate of infection among the girls in this age group was shown to be 45 percent and 20 percent among boys under 19 years who attend the Mulago STD Clinic.

Dr. Nsubuga, nevertheless, said the drop in HIV infection among STD patients was an indicator that there has been a change in peoples' sexual behaviour, especially among the teenagers who are otherwise believed to be sexually reckless. "That means that people are getting the message about AIDS and carefully selecting partners," he said.

But the Uganda Virus Research Institute (UVRI) group carrying out various studies in Kyamulibwa, Rakai district, said there was a lower incidence of HIV among Muslims compared to the non-Muslims because Muslims are circumcised.

"Muslims are at a lower risk of HIV-1 infection and other STDs," the group reported. They said: "The results of the study suggest that circumcision has a protective effect among Muslim men and indirectly to their female partners."

They claimed that their study considered all other possible factors that would put both Muslims and non-Muslims at the risk of infection by the AIDS virus.

ZAMBIA

Rural Hospital Reports Rising AIDS Deaths

92WE0691B Lusaka *THE WEEKLY POST* in English
14-20 Aug 92 p 3

[Text] The number of AIDS cases in rural areas has steadily gone up in the last few months accounting for half the total number of deaths in hospitals.

Dr. John Willms of Macha mission hospital and public health nurse Rosemary Bubala of Namwala Hospital confirmed in separate interviews that there was an increase in the number of AIDS cases among the patients.

Dr. Wilms said there was a high number of AIDS amongst the patients at the 200 bed hospital run by the Brethren In Christ (BIC) mission at Macha.

The hospital at the moment was recording 30 to 40 deaths per month.

"Half of these deaths or a little more will be HIV related," Willms said.

This represented almost double the number of deaths at the hospital from the previous 10 to 15 before the number of HIV infected people increased. However, Wilms admitted that a number of the AIDS patients were from urban areas who went back to the villages when their ailments became more pronounced.

"We do get people from Lusaka coming here for treatment. We also get people from around the country," Wilms said.

In Namwala, Bubala said the most common disease attacking children is HIV related tuberculosis.

Although Bubala could not confirm, she said it was suspected this represented an increase in the number of HIV infections in the area. [Passage omitted]

ZIMBABWE

Masvingo Highest HIV Among Pregnant Women

92WE0687B Harare *THE HERALD* in English
31 Jul 92 p 3

[Text] Forty-two percent of pregnant women in Masvingo province tested for HIV the AIDS virus, in June were positive says the Minister of Health and Child Welfare, Dr. Timothy Stamps.

Addressing high school students in Harare yesterday, Dr. Stamps said that cases of the killer disease, AIDS, had increased by about 1,500 within the past three months.

"We have been testing pregnant women around Zimbabwe and we have found out that Masvingo has the highest percentage of pregnant women who have tested

HIV-positive," Dr. Stamps told about 300 A level students at Harare High School in Mbare.

"Up to 42 percent of pregnant women in Masvingo have tested HIV- positive. This is very frightening."

Discouraging high school students from engaging in sexual activities until they were ready and old enough for marriage, Dr. Stamps said this was a "100 percent guarantee" of not contracting the HIV virus while using a condom was only 80 percent.

Zimbabwe had the fifth highest number of reported AIDS cases in Africa with about 14,000 cases.

Estimated 650,000 Infected With HIV

92WE0687A Harare THE HERALD in English
3 Aug 92 p 5

[Text] The number of AIDS cases had reached 14,023 by the end of June, up from 12,514 at the end of March this year with 650,000 infected with HIV, the AIDS virus, according to the AIDS Control Programme.

A spokesman, Dr. Everisto Marowa, said in an interview that the majority of the AIDS victims are those in the economically active groups.

There were 2,405 AIDS cases reported by the end of June in the 0-4 age group; 88 aged five to 14 years; 317 aged 15 to 19 years; 4,035 aged 20 to 29 years; 3,841 aged 30 to 39 years; 1,433 aged 40 to 49 years; 592 aged 50 to 59 years; and 138 aged 60 years and over.

There were a total of 1,174 cases where it was difficult to identify the ages.

Dr. Marowa said of the AIDS cases reported by the end of June, 5,860 were females, 7,733 were males. There were 430 people with the incurable disease whose sex had not been recorded.

"There is a definite increase in AIDS cases and we estimate that over 650,000 Zimbabweans have got the HIV virus," he said.

"We don't have real data on HIV infection, but we think 650,000 is a realistic estimate, based on our studies on the number of people with HIV-related conditions like TB," Dr. Marowa said.

Children diagnosed with AIDS were either infected during pregnancy, or were sexually abused, particularly girls in the five to 14-year age group.

The AIDS Control Programme was carrying out an exercise to monitor the trend of HIV infection in the country.

"We are also working out a community-based strategy to take care of AIDS victims, particularly those who are in and out of hospitals.

"We are trying to encourage family-based counselling to provide moral, spiritual and cultural support to AIDS victims," Dr. Marowa said.

Indications were that the national health system would not be able to cope with the increase in the number of AIDS patients, particularly in the final and chronic stages of the disease.

"It will be very difficult for the health institutions to cope without assistance from the community. We have to re-organise ourselves as a community and understand that we have to consider AIDS as a disease which can affect anyone," Dr. Marowa said.

Official Describes Measures To Combat 'Surge' in HIV Cases*HK0909032892 Hong Kong SOUTH CHINA MORNING POST in English 9 Sep 92 p 7*

[Article by Karen Cheng]

[Text] China is gearing up its efforts to control the spread of AIDS following a surge in the number of HIV positive cases this year, officials said yesterday.

Dr. Wang Lishong, director of the Department of Personnel at the Ministry of Public Health, who is attending the annual meeting of the World Health Organization (WHO) Regional Committee for the Western Pacific in Hong Kong, said there were 890 recorded HIV cases in China by July. The figure stood at 705 at the end of last year.

Although China had relatively low figures compared with other countries on the number of HIV positive and AIDS cases, Dr. Wang admitted the conditions for the deadly disease to spread were there since drug abuse was on the increase.

He said 75 of those who had been diagnosed as HIV positive were drug takers.

The annual report on AIDS and sexually transmitted disease by the Regional Committee also revealed that the number of HIV-infected drug abusers continued to rise in several Asian countries, including China, where heroin was produced or readily available.

The report said the spread of AIDS through drug taking was also prevalent in Hong Kong, and the medical profession feared the situation would turn into a nightmare if more people continued to inject heroin and other substances with shared needles.

A survey by the Government's working group on AIDS prevention found that 36 percent of intravenous drug users interviewed this year still shared needles. Last year's figure was only 26 percent.

A team of more than 10 former drug addicts will be trained to counsel drug users on the streets in a bid to prevent the spread of the disease in Hong Kong.

In China, 185 HIV cases had been detected this year, which had almost reached the level of 200 cases reported in the whole of last year.

In the three-month period beginning in May, three more AIDS patients were detected which brought the total since 1985, when Beijing first admitted the presence of the disease in China, to 11.

Dr. Wang said to prevent further spread of the disease, the Government had stepped up surveillance mainly aimed at high risk carriers such as drug addicts, and would launch massive education campaigns designed to raise public awareness of the issue.

He said they were also in the process of drafting legal measures to help curb the problem.

Legislative proposals under consideration in China include compulsory admittance of AIDS patients into hospitals and mandatory blood testing of prostitutes.

Dr. Wang said financial constraint was the main problem in the war against AIDS, but they would strive to make the best use of funds available.

He also said a seminar on the issue would be held in Yunnan Province, which had recorded a high number of AIDS cases.

As for the problem in the Western Pacific region, the number of HIV positive cases contracted through heterosexual transmission had increased threefold over the last two years, said Dr. Sang Tae Han, in his annual report to the committee.

Information on AIDS Scarce in China*HK2809033492 Beijing CHINA DAILY in English 28 Sep 92 p 5*

[Report by Li Xing: "AIDS Knowledge Still Sorely Limited in China"]

[Text] Although many Chinese know about the deadliness of AIDS and even its causes, recent surveys reveal they do not have enough information on AIDS to prevent the spread of the disease.

For instance, a survey of over 1,000 taxi drivers and hotel employees in Beijing indicated a large percentage of respondents are unaware that AIDS can be transmitted through blood transfusions and intravenous injections or that the use of condoms can help prevent the spread of AIDS.

They also mistakenly believed they will immediately recognize an AIDS victim or carrier.

The survey results were released at a recent regional AIDS conference sponsored by the United Nations Development Programme and held in Yunnan Province in Southwest China. Sex and AIDS is a sensitive topic in China, discussed only in private if at all.

But researchers have been trying to find out more about the country's sexual practices and their [as published] knowledge, attitudes and beliefs about AIDS.

This information will be valuable in the campaign to inform people about AIDS and to draft new regulations on AIDS prevention, said Zhang Konglai, director of Epidemic Research with the China Academy of Basic Medical Sciences.

In China, the first case of AIDS was identified in 1985. Since then and up to the end of last year, 708 people in China, including Taiwan and Hong Kong, were diagnosed as HIV positive. Of the 708, 585 lived in nine

provinces and cities on China's mainland, and 557, or 78 percent of the total came from Yunnan Province.

The latest figure released by the State AIDS Control Centre showed 932 were proved HIV positive across the country.

Between 1986 and 1991, some 946,800 people were tested for AIDS. Eight AIDS control centres constantly monitor several groups—especially prostitutes and drug addicts—who are most susceptible to AIDS.

But researchers fear that the number of HIV carriers may be much higher, and that the national statistics are inaccurate.

The government has taken steps to control AIDS. It has banned the import of blood products from abroad, carried out strenuous efforts to stop drug smuggling, issued a number of laws forbidding prostitution, imposed compulsory medical check-up and AIDS tests for people who have stayed abroad for more than six months, and required that AIDS cases be reported to the central government as soon as possible.

Meanwhile, experiments are under way to use traditional Chinese medicine to help treat the deadly disease.

Researchers are worried about the lack of public knowledge of AIDS. They are turning to surveys to accumulate hard evidence to persuade the government to improve public education.

Zhang's research group targeted their first survey in Beijing on two groups, taxi drivers and hotel attendants, that have access to people—and information—from across the country and around the world.

The questions covered what and how respondents knew about AIDS and if they would change their sexual practices to prevent being infected with the AIDS virus.

The survey showed that most of the drivers and hotel employees, from 12 taxi companies and 14 hotels in Beijing, know that AIDS is spread through sexual contacts.

But 44.9 percent of the taxi drivers mistakenly believed that all HIV carriers exhibit outward and noticeable symptoms of AIDS.

In addition, 23.8 percent of the hotel employees and 36.8 percent of the taxi drivers do not know that the AIDS virus can be transmitted through blood transfusions, and 35.2 percent of the hotel employees and 42.2 of the taxi drivers do not know that it can be transmitted through intravenous injections.

While most of the respondents say they have used condoms, only 44.4 percent of the hotel employees and 64.2 percent of the taxi drivers know that the use of condoms can prevent the virus from spreading.

A similar study was conducted among 215 government office workers, doctors and police officers in Yunnan, a province where drug use is relatively high.

"These people play an important role in improving public education," the study says.

This study, jointly conducted by local researchers and by the Yunnan Provincial Station for Disease Prevention and the China Academy of Preventive Medicine, shows most of the survey respondents take an interest in learning about AIDS.

But about one-third of them have seriously mistaken notions about how AIDS is transmitted. About 31.7 percent of them believe that mosquitoes also distribute AIDS virus. And about 33 percent have no idea whether the AIDS virus can be transmitted by shaking hands or having dinner with HIV carriers.

More than half do not know the difference between HIV carriers and people who have developed AIDS.

A similar survey was given to 51 gay men in Beijing by the China Institute of Health Research and the China Academy of Preventive Medicine. Almost every one of them had heard about AIDS and knew about the special groups of people who are most vulnerable to AIDS infection.

But an appalling two-thirds were unaware that AIDS is beginning to threaten China. They believe that AIDS is something foreign and they are safe as long as they do not have contacts with foreigners.

All three surveys indicate that China still has a long way to go to strengthen its efforts to educate its people with accurate information on AIDS and AIDS prevention.

CAMBODIA

Health Education Unit Launches Anti-AIDS Campaign

BK0409045392 Phnom Penh Samleng Pracheachon Kampuchea Radio Network in Cambodian 0430 GMT 3 Sep 92

[Text] On the morning of 3 September, Dr. Tan Tri, head of the health education unit of the Center for the Combat of Infectious Diseases and a member of the Cambodian Anti-AIDS Commission, promoted education on the contagion of AIDS at the Cambodian Radio and Television General Department so as to motivate our compatriots there to cooperate in launching an anti-AIDS campaign. He gave an explanation and showed a videotape on the world situation of AIDS, which is currently spreading to our country.

Dr. Tan Tri also spoke about the symptoms and spread of AIDS, which indiscriminately affects human health and life and about a number of preventive measures against the disease. He emphatically pointed out, however, that the only way to effectively avoid AIDS is to use condoms in any intercourse with an uncertain partner. He also disclosed that the Health Ministry had conducted a test on some 7,000 people in Cambodia and discovered that 35 persons among them were infected with Asian AIDS. He said the ministry was not capable of curing those victims, adding that what is vitally important is to prevent the spread of disease without isolating the infected persons and to clearly know the symptoms of AIDS and the way it spreads.

INDONESIA

Official Denies Existence Of Workers With AIDS

BK3107141692 Jakarta Radio Republik Indonesia Network in Indonesian 1200 GMT 31 Jul 92

[Text] The Manpower Department's director general of development and use of manpower, Ismail Sumaryono, has reiterated that none of the Indonesian workers sent abroad was found to carry the AIDS virus.

Responding to news reports that several Indonesian workers were infected with the AIDS virus, Director General Ismail Sumaryono told newsmen in Surabaya that so far the government had not foolishly dispatched workers who are suffering from diseases, including those with AIDS. This is because such an act would tarnish the good reputation of the Indonesian Government and the nation.

In the meantime, the governor of East Java, Sularso, is of the opinion that the irresponsible reports could affect East Java negatively because it is the province that sends the biggest number of Indonesian workers to Malaysia.

SOUTH KOREA

Eight Test HIV-Positive in August

SK3108115392 Seoul YONHAP in English 0816 GMT 31 Aug 92

[Text] Seoul, Aug. 31 (YONHAP)—Eight people tested positive for the virus that causes AIDS in August, the Health and Social Affairs Ministry said Monday.

Two men, identified only as Choe and Yi, contracted the human immunodeficiency virus [HIV] through homosexual sex, ministry officials said.

Epidemiologic tests were being made to discover how the other six, including a married couple, were infected, the officials said.

One of the six has died of unknown causes.

This raises to 214 the number of Koreans who have tested HIV positive. Of them, 21 have died and one has left the country, leaving 174 men and 18 women currently under government watch.

National Conference on AIDS and Development Ends

BK0809132692 Vientiane Vitthayou Hengsat Radio Network in Lao 1200 GMT 4 Sep 92

[Text] A national conference—The Implications of HIV/AIDS on Social and Economic Development in the Lao People's Democratic Republic [LPDR]: Strategies for Preventing an Epidemic—concluded in Vientiane yesterday evening. During the two-day conference, researchers and specialists jointly exerted efforts to improve strategies for creating public awareness, and for increasing prevention and control of this disease, which has been spreading rapidly all over Southeast Asia. Also attending the national conference were representatives of various ministries, international organizations, United Nations agencies, and non-governmental organizations.

Both national and international speakers informed the meeting participants of the serious consequences of the epidemic of the devastating HIV/AIDS disease. During the conference, Dr. Sithat Insisiangmai, member of the Laos National AIDS Control Committee, and Dr. (Seok Cikasen), representative of the World Health Organization office in Manila, noted that at present there is only a small number of detected cases of HIV/AIDS in Laos, but conditions exist for its rapid spread in this country. Prevention of the deadly disease, however, is still possible if appropriate measures are seriously implemented from now on.

On this occasion, Dr. Virasit Ritthikrai from the Population and Development Association of Thailand, spoke on the direct and indirect economic costs of AIDS in Thailand, where the disease has reached epidemic proportions. Thailand, a country with a rapidly growing

economy, has finally encountered a serious threat from AIDS. Comparisons were then drawn between this situation and the consequences of a potential AIDS epidemic in the LPDR by economists Khamphon Kounthapanya and Anthony Zola. Both speakers noted that AIDS-afflicted persons will have a serious impact on their families, because the families will have to shoulder double burdens—the cost of medical treatment and the loss of the fruits of labor due to illness or death.

Speakers also promoted a policy on developing a multi-sectoral approach to the control of AIDS. The importance of changing behavior was discussed by representatives of international agencies based on their experiences in Thailand. They pointed out the need to foster education and knowledge about the disease on a mass public level so as to change public attitudes to prevent individuals and their families from acquiring AIDS.

The particular impact of AIDS on women was outlined by Mrs. Khamphet Phonsena of the Lao Women's Union. The legal and ethical issues of dealing with AIDS in regard to discrimination were also addressed.

Throughout the proceedings, speakers emphasized the need for a coordinated prevention campaign in the LPDR. As AIDS remains incurable and continues to spread in the region and the costs of dealing with an AIDS epidemic increase exponentially, prevention is therefore the only humane option.

The conference was sponsored by the United Nations Development Program and the Swedish International Development Authority.

At the conclusion of the conference, Dr. Sithat Insisian-gmai, member of the Laos National AIDS Control Committee, assessed the outcome of the meeting and the action plan to combat the disease:

[Begin Sithat recording] As you all know, in Laos, the implementation of the anti-AIDS program nationwide just began this year. I think that the results of this two-day meeting will be positively applied to the work of preventing the spread of the disease and tackling treatment of those with AIDS in our country.

On the issue of the prevention and control of AIDS, first of all, I think what needs to be urgently corrected is the issue of organization. There is a need for improving the organizational structure of the national committee, which is the central anti-AIDS committee, as well as the provincial anti-AIDS committees throughout the country. Secondly, as you all know, AIDS is the most devastating disease. Up to the present, AIDS remains incurable, and there has been no vaccine found to prevent the disease. Therefore, the most important work now is in disseminating basic knowledge of AIDS to the mass public—people all over the country. [end recording]

WHO-Sponsored Seminar on AIDS Held in Luang Namtha

BK1309053292 Vientiane Vitthayou Hengsat Radio Network in Lao 0000 GMT 13 Sep 92

[Text] A two-day comprehensive seminar on AIDS concluded in Luang Namtha Province on 11 September. The seminar was jointly organized by the National Anti-AIDS Committee and the Public Health Service of Luang Namtha Province and funded by the World Health Organization.

A total of more than 40 representatives from various agencies in the province attending the seminar were given general knowledge about AIDS, advice for AIDS-afflicted persons and AIDS victims, and appropriate attitudes and humanitarian treatment toward AIDS patients.

The seminar also emphatically discussed ways and means to prevent and control the spread of the deadly disease in Laos.

MALAYSIA

Minister—Only 1000 Foreign Workers With AIDS Virus

BK0608150692 Hong Kong AFP in English 0804 GMT 6 Aug 92

[Text] Kuala Lumpur, Aug 6 (AFP)—Malaysia's health minister has confirmed that only 1,000 foreign workers in the country are carriers of the AIDS virus, correcting a deputy minister who had bloated the figure by more than a hundred times.

Minister Lee Kim Sai, returning from China late Wednesday, said those detected carriers of the human-immuno deficiency virus (HIV) that causes the deadly acquired immune deficiency syndrome (AIDS) represented 0.25 percent of the 400,000-odd foreign workers registered in Malaysia.

News reports Thursday quoted Lee as saying that the finding was based on a random survey of 5,000 blood samples tested in 35 private laboratories in eight states where the foreigners registered for work during a seven-month programme.

Lee's disclosure came 10 days after Deputy Home Minister Megat Junid Ayob shocked the nation by saying three out of every 10 of the 337,000 who registered for work permits recently were found to be HIV carriers.

But Lee said the actual HIV status of foreign workers would only be known if blood samples of all the 400,000 were tested.

He said those tested HIV-positive would be reexamined by the government-owned Institute of Medical Research and deported if the result was confirmed.

Megat's statement had caused panicky Malaysians to rush their foreign maids for AIDS tests.

Prime Minister Mahathir Mohamad and Deputy Health Minister Farid Ariffin then promised a reassessment of the statistics in an attempt to restore calm.

Megat later tried to clarify the statement by saying that the statistics he gave included those with other sexually-transmitted diseases, but government officials said the clarification was confusing and too vague to undo the damage done.

Minister Says 40 Malaysians Have Now Died of AIDS

BK1309103792 Kuala Lumpur UTUSAN MALAYSIA in Malay 20 Aug 92 pp 1,2

[Excerpt] Kuala Lumpur, 19 August—Eight more AIDS patients died last month, bringing to 40 the total number of people in this country who have died of this disease. This figure also represents the highest death toll recorded in one month since 1985.

Health Minister Datuk Lee Kim Sai said there were 54 AIDS patients in June, of whom 32 had died. "In July the death toll rose to 40, while the number of AIDS patients rose to 60," he told reporters at his office this afternoon. However, the Health Ministry has no exact numbers on AIDS patients, carriers, or the death toll because it is still not possible to carry out nationwide AIDS tests. [passage omitted]

Over 3,000 AIDS Carriers Detected, 40 Dead at End of July

BK2708123292 Kuala Lumpur BERITA HARIAN in Malay 21 Aug 92 p 5

[Article by Wan Sabariah Shikh Ali]

[Excerpts] Kuala Lumpur, Thursday—The Cabinet Committee on AIDS has been directed to make a study of the moral, religious, and legal implications of the AIDS prevention campaign.

Health Minister Datuk Lee Kim Sai said that the cabinet had issued the directive because the AIDS prevention campaign would be deadlocked when facing these aspects. [passage omitted]

On the number of new AIDS and HIV cases reported, Lee said that 3,735 virus carriers had been detected, while 40 AIDS patients had died as of the end of July.

PHILIPPINES

Health Department Says Over 35,000 AIDS Cases

HK1609025392 Manila Far East Broadcasting Company in Tagalog 0100 GMT 16 Sep 92

[Text] More than 35,000 Filipinos are now infected with AIDS [Acquired Immune Deficiency Syndrome], but

only 341 cases have been reported to the Department of Health. According to Health Secretary Juan Flavio, this figure is not an accurate reflection of the number of Filipinos infected with AIDS, because the lack of medical monitoring equipment has prevented the launching of a systematic effort to gather information on the disease. Flavio is confident, however, that AIDS will not hit the Philippines as hard as it has other Asian neighbors.

SINGAPORE

Health Ministry Releases Figures of HIV-Infected People

BK0609122192 Singapore THE STRAITS TIMES in English 5 Sep 92 p 1

[Article by David Miller]

[Text] More than 60 percent of the Singaporeans who contracted the human immuno-deficiency virus (HIV) since 1991 were heterosexuals, and most caught it through sex with prostitutes, either in Singapore or overseas.

This contrasts sharply with the trend from 1985 to 1990, when most of those who contracted the disease caught it through homosexual relations.

According to the figures released by the Health Ministry yesterday, 41 Singaporeans contracted HIV through sex with prostitutes.

Thirteen of these cases were detected between 1985 and 1990.

Last year, 16 Singaporeans were found to have been infected this way. And in the first seven months of this year, another 12 Singaporean men caught the disease through sex with prostitutes.

Of these 12, nine were single, while the rest were married. All except one were between the ages of 20 and 40. The exception was a retiree.

The men were infected after visiting prostitutes in Singapore, Malaysia, Thailand, Indonesia, Taiwan, and some European countries.

The Health Ministry said a majority of them had the disease detected through voluntary HIV screening.

Others were found to have HIV when they sought treatment for sexually transmitted diseases and other medical problems.

As of August 1, 130 Singaporeans, including eight women had been diagnosed as being HIV-infected.

Of these, 45 developed full-blown AIDS, or Acquired Immune Deficiency Syndrome, and 30 of them have died.

The ministry said 120 Singaporeans, or 92 percent of those with HIV here, were infected through sexual contact.

Of the remaining 10 cases, five caught the virus through sharing needles with HIV-infected intravenous drug users, three contracted it from renal transplant operations overseas, and one from receiving contaminated blood during a transfusion overseas.

The last, a two-year old boy, contracted the disease from his infected mother.

The figures released yesterday also revealed that the number of HIV positive cases has increased steadily over the years.

Seventeen Singaporeans were found to be HIV-infected in 1990. Another 42 cases were detected last year, while 27 more came to light in the first seven months of this year.

The Health Ministry again warned the public of the risks of contracting HIV and other sexually transmitted diseases through commercial sex and urged them to use condoms as protection.

"We urge all who are at risk of contracting HIV infection to see their doctors and undergo a HIV screening test," it added.

ALBANIA

Deputy Minister Reports Nation Free of AIDS

*AU1109155092 Tirana Radio Tirana Network
in Albanian 1330 GMT 11 Sep 92*

[Text] Laboratory tests show that there are no cases of AIDS [Acquired Immunity Deficiency Syndrome] infection in our country, Deputy Health Minister Besim Nuri stated at a recent news conference. At this news conference the media stressed that they should sensitize the public to this fatal epidemic. In this connection, they announced that from 29 September to 1 October, another national conference on AIDS will be held in Tirana.

BULGARIA

Ministry of Health Regulation on AIDS

*92BA0964Z Sofia DURZHAVEN VESTNIK
in Bulgarian 24 Apr 92 pp 13-15*

[Text of Ministry of Health Regulation No. 4, "Conditions and Procedure for Investigating Infection With the Virus of Acquired Immune Deficiency Syndrome," dated 2 April 1992 and signed by Minister N. Vasilev]

[Excerpts] **Article 1.** The conditions and procedure for carrying out investigations of infection with the virus of Acquired Immune Deficiency Syndrome (HIV) are set out in this regulation.

Article 2. (1) The following are subject to mandatory examination for infection with HIV:

1. Every unit of donated blood;
2. Tissue and organ donors;
3. Sperm donors;
4. Human milk donors;
5. Children born of mothers infected with HIV;
6. Foreign citizens and persons without citizenship coming for instruction or work for more than one month, as well as immigrants, irrespective of the period of their stays.

(2) Blood of the persons specified in Paragraph 1 is taken for testing:

1. Before the donation, in accordance with Points 2 and 4;
2. On the day of the donation and 45 days after that, in accordance with Point 3;
3. Up to one month after birth, upon completion of six months, and at ages one, two, and three, in accordance with Point 5;

4. During the first 72 hours after their arrival, in accordance with Point 6.

Article 3. (1) All citizens may be examined at their request through the Consultative Offices for Sexually Transmitted Diseases (KKBPPP), at the dermatology and venereology dispensaries (departments). The identity of the person investigated is kept secret by having the person choose an individual letter-number code. The personal data of the person in this case and the code chosen are known only to the person and the physician who heads the office.

(2) The consultation and testing for HIV infection may also be carried out completely anonymously, as the patient is represented by a code that is known only to him.

Article 4. The health workers who tend pregnant women are obliged to explain to them by reasonable means the risk to offspring in the case of HIV infection of the mother, to recommend testing to them, and, with their permission, to send the blood taken for testing for syphilis and HIV.

Article 5. The blood is taken and tested as follows:

1. The donated blood is tested in the centers for transfusion hematology (TsTKh);
2. For persons in accordance with Article 2, Points 2 and 3, the blood is taken in the health institution in which the donation is made, and, for Point 4, in a chosen health institution, after which the testing is carried out in the TsTKh or the KhEI (Hygiene Epidemiological Institute);
3. For persons in accordance with Article 2, Point 5, the blood is taken in the health establishment where the mother is treated, and the testing is carried out in the Central Laboratory for AIDS (TsLS);
4. For persons in accordance with Article 2, Point 6, the blood is taken in the treatment and prevention establishment for the place of work or residence, and the testing is carried out in the serological laboratories of the dermatology and venereology establishment or KhEI;
5. For persons in accordance with Articles 3 and 4, the blood is taken in the KKBPPP and is tested in the serological laboratory at the corresponding dermatology and venereology disease establishment or KhEI.

Article 6. The following order is maintained in taking and testing the blood:

1. In the health establishment where the blood is taken, the person is registered in the outpatient book for preventative examinations, while the full names and addresses of the people mentioned in Article 3 are recorded opposite the outpatient number, and, for those mentioned in Articles 3 and 4, the individual code chosen for them. The office manager orally informs the person concerning the date when the result is to be received;

2. The medical person who is assigned to draw the blood sends the serum removed by courier to the corresponding laboratory in a vial, upon the label of which the outpatient number and the name or individual code of the person is written. The vial is accompanied by three copies of a medical certificate in accordance with the sample (Appendix No. 1 [not reproduced here]);

3. Upon receiving the serum in the corresponding laboratory, the outpatient number is recorded, and one copy of the certificate is returned to the health establishment from which the serum is sent;

4. After performing the testing, the laboratory director records the result on the remaining two copies of the accompanying certificate and sends one of them to the health establishment that sent the serum;

5. In the case of doubt or a positive result from the first test, the corresponding laboratory sends the remainder of the serum with a copy of the accompanying certificate by courier for confirmation or rejection of the result;

6. When the TsLS receives the serum, it is recorded in the log for incoming materials with the following data: laboratory number, name, age, and address of the persons tested in accordance with Article 2, or ambulatory number and individual code for persons in accordance with Articles 3 and 4; the reason for the testing; and the health establishment that sent the serum. The following are noted in the same log: the date of the testing, the name of the test used, the results of the test, and to whom the results are reported.

Article 7. In the case of a positive or doubtful result, the director of the TsLS requests of the TsTKh or the KKBPPP that they send by courier serum for confirmation or rejection of the result. The outpatient number and name or the individual code of the person tested are marked on the vial containing the serum. The vial is accompanied by the certificate formulated according to the sample (Appendix No. 1).

Article 8. In the case of a negative result, the TsLS director informs the TsTKh or KKBPPP director.

Article 9. In the case of an indefinite result, the director of the TsLS informs the director of the TsTKh or the KKBPPP in writing, and specifies a date for retesting the person. In these cases, the donated blood is destroyed, and the further consultation and observation of the person with an indefinite result is carried out by the KKBPPP.

Article 10. (1) In the case of a second positive result in the TsLS, the laboratory director puts together and sends a report in accordance with the sample (Appendix No. 2) to the KKBPPP in the corresponding region.

(2) The director of the TsLS sends a copy of the report mentioned in Part 1 to the "Antiepidemic Control" of the Ministry of Health.

Article 11. For persons confirmed as infected with the AIDS virus by a report from the TsLS, the Consultative

Office for Sexually Transmitted Diseases offers clinical observation from the dermatology and venereology clinic (department) of their choice.

Article 12. A health worker who has violated the secrecy of the testing or of the state of health of the persons mentioned in Articles 2, 3, and 4 is subject to criminal punishment in accordance with Article 284 of the criminal code and, if the act is not a crime, administrative punishment in accordance with Article 101 of the Public Health Law.

Concluding Orders

Section 1. The following changes are made in Regulation No. 20, governing the activities of the "Mother and Child" homes (published in DURZHAVEN VESTNIK No. 92 of 1980; modified in No. 78 of 1983 and supplemented in No. 11 of 1988):

1. In Article 7, Section 1, Part 6, the words "testing the parents for Acquired Immune Deficiency Syndrome (AIDS)" are deleted.

2. In Article 9, Part 2, letter b, the words "testing for Acquired Immune Deficiency Syndrome" are deleted.

Section 2. This regulation is published on the basis of two of the concluding orders in connection with Article 36a, Section 1 of the Public Health Law. [passage omitted]

Appendix No. 2 to Article 10, Paragraph 1

PROTOCOL No.....for performing laboratory testing

The Central Laboratory for AIDS at the National Center for Infections and Parasitic Diseases, Sofia, has completed serological testing of.....(Name, Patronymic, Family Name or Code)

Age....., Address: City....., Street....., Profession.....

I. Antibodies against HIV, According to Elisa Reaction:

1. First test—diagnostic agent of the.....company; date..... result.....

2. Second test—diagnostic agent of the.....company; date..... result.....

II. Antibodies Against HIV, According to Western Blot:

1. First test—diagnostic agent of the.....company; date..... result.....

2. Second test—diagnostic agent of the.....company; date..... result.....

Conclusion from the laboratory testing:.....
.....
.....

Laboratory Director:..... (Name, Patronymic, Family name)

ANTIGUA AND BARBUDA

Highest AIDS Rate in Caribbean Reaches 50 Deaths

*FL2708140192 Bonaire Trans World Radio in English
1130 GMT 27 Aug 92*

[Text] At least 50 people have died of AIDS in Antigua and Barbuda since the disease was first diagnosed there. The country now has the highest per-capita rate of AIDS in the Caribbean. One Antigua doctor held a [word distinct] yesterday, saying that five AIDS deaths came within just 10 days. Dr. (Pinch) Ramsey said prostitution is the main reason for the spread of the disease in Antigua and Barbuda. Dr. Ramsey fears that AIDS will reach epidemic proportions in the country unless promiscuity stops. He expressed hope that a cure for the disease will be found within five years.

ARGENTINA

AIDS Carriers Reported

*PY0409033192 Buenos Aires TELAM in Spanish
1039 GMT 29 Aug 92*

[Editorial Report]—National Anti-AIDS Program Director Alfredo Miroli has stressed: "There are 70,000 to 100,000 AIDS carriers in Argentina." He added that the number of patients will double every 14 to 16 months.

COLOMBIA

Public Surveyed on AIDS Awareness, Precautions

*92WE0681A Santa Fe de Bogota EL TIEMPO
in Spanish 24 Aug 92 pp 1A, 3A*

[Excerpts] A survey carried out by EL TIEMPO and Yankelovich Innova of Colombia shows that the citizens of Colombia know what AIDS is, but they do not concern themselves greatly about avoiding it. Sexual relations are beginning at an ever earlier age. [passage omitted]

Lack of Protection

An accurate determination of the true magnitude of this evil in Colombia is difficult. The figures available are incomplete, and it has been necessary, perhaps too often, to estimate. Thus the disparity between what we know the situation to be and what it might be is enormous.

Last month, the Ministry of Health reported that between carriers and sick patients, there are 5,218 cases in the country. Moreover, this number is increasing at a rate more rapid than the average for Latin America. Even so, these same health authorities admit that there is a notable failure to report the disease, so that the figure might be rounded off at about 100,000 infected persons.

The statistical problem is the fact that in many instances, cases are not reported due to fear of social rejection. It even happens that when an AIDS patient dies, the death certificate shows another diagnosis. According to the Ministry's figures, five out of every 500 persons between 15 and 45 years of age in Colombia have the virus. Of every 100 carriers, in such regions as Risaralda, Santander, and Atlantico, 20 are women. In other regions, the average is one woman for every 12 men. The percentage of women infected is evidence that AIDS has long since ceased to be a homosexual problem.

What About Bogota?

In Bogota alone, there may be 20,000 persons infected with the HIV virus, according to the estimates of the District Health Secretariat (SSD). But by the end of 1991, the number of persons, including patients and those infected with the virus (HIV positive), reported to the Epidemiological Vigilance Unit of the SSD was only 1,124. The difference between the two figures is based on the estimate that for each patient diagnosed, there may be 12 to 15 patients who have not been diagnosed.

Last year, 17 individuals died every month, according to the SSD. This brought the number of victims of the disease reported in Bogota alone since 1987 to 441. And the number of patients suffering from AIDS in this city is doubling every 16 months. Ninety percent of the cases are reported in patients who are prostitutes, homosexuals, or persons who are not in a stable sexual relationship. However, the numbers infected by contaminated blood and transmission from mother to child have increased.

Lack of Awareness

EL TIEMPO and Yankelovich Innova of Colombia carried out the AIDS survey to find out what the citizens of Colombia really know about this disease, and to determine the extent to which they take precautions to avoid it.

Although 279 individuals, representing 87.73 percent of the sampling, said they know what AIDS is, a worrisome 12.26 percent of the population has never heard of this deadly virus. The strange thing is that even among those who know about the disease, not everyone is aware of the methods available for preventing it. Of those surveyed, 14.15 percent do not know how to avoid becoming infected with the disease, while 85.84 percent do know precisely what to do so as not to contract the disease.

However, and although they know that the virus is deadly, 46.22 percent of those surveyed never use condoms during sexual relations. Of those surveyed, 66.98 percent responded that they only have sexual relations with their regular partners, while the least faithful group, representing 20.12 percent, have sexual relations with persons other than their regular mates. This overwhelming 66.98 percent of the citizens who are monogamous do not necessarily maintain stable sex lives solely

because of AIDS. There may be other factors, such as religious beliefs or the economic situation itself.

It is alarming that only 16 percent of those surveyed take the trouble to use a condom whenever they engage in sex in order to avoid contracting the disease, while 26.41 percent only use condoms some of the time. The condom, then, is less popular than is believed, and its preventive function does not seem to have found a place in sexual relations.

Of those surveyed, 11.32 percent preferred not to say whether or not they use condoms during sex. Fourteen out of every 100 citizens have either a family member or friend who has died of AIDS. This is an alarming figure for a country such as Colombia, which does not have very many cases reported in the hospitals and clinics.

There is not the slightest doubt that this figure should sound the alarm for the health authorities, because the people are beginning to be very much affected by this disease. Even though 86 percent of the Colombians surveyed said they do not know anyone who has died of the disease, the figure mentioned above remains very worrisome.

The results of the survey concerning this disease are especially serious if we take into account that the age at which sexual activity begins is, according to the study, dropping steadily. Of those surveyed, 25.15 percent had their first sexual experience between the ages of 12 and 16. However, it is between 16 and 20 years of age that sexual activity really intensifies. Of those surveyed, 32.7 percent had their first experience between these two ages, while there are even fewer virgins over 20 years of age—28.61 percent.

Condom Use

Condom use, which has been the subject of so much polemic argument, is not as widespread as might be thought.

Frequency of Use	Percentage of Those Surveyed
Always	10.03
Sometimes	26.41
Never	46.22
Don't know/no response	11.32

Knowledge About AIDS

The citizens now know what the Acquired Immune Deficiency Syndrome is.

	Percentage of Those Surveyed
Do know	87.73
Don't know	12.26

Sexual Relationships

The vast majority of the citizens of Colombia prefer stable sexual relationships.

Number of Partners	Percentage of Those Surveyed
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Only one	66.98
Others, as well	20.12
Don't know/no response	12.89

First Sexual Experiences

Most of the citizens of Colombia had their first sexual experiences at a very early age.

First Experience	Percentage of Those Surveyed
Between 12 and 16	25.15
Between 16 and 20	32.7
After 20	28.61
Don't know/no response	13.52

Personal Knowledge of AIDS Cases

To the question as to whether any of their friends or family members have AIDS, 14 out of every 100 citizens answered in the affirmative.

	Percentage of Those Surveyed
Know an AIDS patient	13.83
Don't know an AIDS patient	84.54
Don't know/no response	1.57

Knowledge About Preventive Measures

Of those surveyed, 85 percent know how AIDS is prevented.

	Percentage of Those Surveyed
Do know	85.84
Don't know	14.15

Survey Method

The study was carried out by means of 318 telephone interviews covering the three social classes in the cities of Bogota, Medellin, and Cali. The system of random telephone dialing was used. The interviews were carried out by 12 professionals employed by Yankelovich. The calls were made on 18 and 19 August 1992. In Bogota, 188 citizens were interviewed, while 85 were interviewed in Medellin and 45 in Cali.

Those interviewed included 153 heads of households and 165 housewives. The margin of error for the sampling of 318 interviews is 5.8 percent. The questionnaire was drafted on the basis of the goals established by EL TIEMPO.

The questionnaire presented included six questions with two and four possible answers.

CUBA

Blood Donations, Pregnant Women Tested for AIDS Virus

FL1009023492 Havana Tele Rebelde and Cuba Vision Networks in Spanish 0000 GMT 10 Sep 92

[Text] According to WHO reports, from 9 to 11 million adults and 1 to 2 million children are infected with the

AIDS virus. Uganda and Tanzania are the most affected. This is a very unfortunate situation, because the worldwide epidemic is spreading across the southern region of the African continent. Studies by prestigious specialists indicate that by the year 2000 the number of people infected with the AIDS virus will surpass 110 million.

Many think that despite the increased number of people infected, none of the methods used so far have slowed the spread of the virus in some countries. Many countries do not thoroughly test blood for transfusions, which is a basic prevention measure. On the other hand, the resources allocated to fight this evil are considered insufficient. The specialists say that it must be remembered how quickly the AIDS virus is spreading throughout the world, with an incidence of 5,000 new cases daily.

In Cuba, more than 12 million tests have been run to detect antibodies to the AIDS virus. Cuban scientists have searched for new diagnostic strategies with the goal of finding substitutes for the reagents for this kind of blood analysis, which were initially purchased abroad. In 1991, the evaluation of the first direct system by SUMA [Ultra Micro Analytic System] was concluded for the simultaneous detection of the AIDS virus and HILV-1, which causes lymphoid leukemia in adults and is associated with certain neurological syndromes. A study of 14,000 people will be completed by the end of this year. It will determine if it is necessary to include this analysis in the blood testing system. For five years, Cuba has tested all pregnant women for the AIDS virus.

GUATEMALA

Total of 124 AIDS Deaths

PA1209162492C Panama City ACAN in Spanish
1731 GMT 10 Sep 92

[Editorial Report] Health Minister Eusebio del Cid reports on 10 September that 124 persons have died of AIDS and that 300 persons have been infected since the disease was first detected in 1984. Del Cid adds that out of the total 51 percent are heterosexuals, 22 percent are homosexuals and prostitutes, and the majority are male.

HONDURAS

AIDS Cases Total 2,021 Nationwide

92WE0684A San Pedro Sula TIEMPO in Spanish
25 Aug 92 p 3

[Text] Tegucigalpa—Of all of the cases of Acquired Immune Deficiency Syndrome (AIDS) in Central America, 60 percent are to be found in Honduras, Enrique Zelaya, who heads the campaign to control the disease, said yesterday. Prior to July of this year, 2,021 AIDS cases had been reported in the country. Men accounted for 65 percent of this total, women for 35 percent, and 583 have died.

This official said that the funds currently allocated for the AIDS campaign are not enough. The sum of \$700,000 in foreign aid and 1.3 million lempiras from the national sector have been received. However, 2.5 million is needed from the domestic budget, together with \$1 million in foreign cooperative funds. The regional directors met yesterday in the capital to analyze the current increase in the disease, and to plan strategies for obtaining foreign financing with a view to strengthening the preventive campaign.

Over 3,000 HIV Carriers

PA1209162492A Panama City ACAN in Spanish
1733 GMT 6 Sep 92

[Editorial Report] According to official statistics released on 6 September, the AIDS epidemic continues to grow as there are 3,146 infected persons, of which the virus has developed in 2,064 persons. Public Health authorities add that 65 percent of the confirmed cases are men and the remainder include women and children. Since 1985, when the first patient died of AIDS in Honduras, there have been over 800 fatalities, with an average age of 27 years. The official report concludes that Honduras ranks fourth in Latin America in AIDS statistics after Brazil, Mexico, and Haiti.

JAMAICA

Netherlands Debt Forgiveness To Benefit Children With AIDS

FL1608191892 Bridgetown CANA in English
1821 GMT 15 Aug 92

[Text] Kingston, Jamaica, Aug 15, CANA—Women and children are to benefit from U.S. 4 million dollars in debt relief extended to Jamaica by the Netherlands Government.

Under the agreement, Jamaica's central bank will pay the money in Jamaican currency over a four-year period to the United Nations Children's Fund (Unicef) for local programmes. Children in "especially difficult circumstances" are among those who will benefit.

The first payment by the Bank of Jamaica, amounting to J\$8.5 million dollars (one J dollar = about 4.5 U.S. cents), was made recently, according to the official news agency Jampress.

Jamaica is the first of three countries in the Caribbean and Latin America to benefit from the dutch debt relief initiative aimed at assisting children and women. The others are Honduras and Ecuador.

The Ministry of Health will receive U.S.2.4 million dollars of the total sum, and principal medical officer Dr. Carmen Bown-Wright says the money will be used to assist children with AIDS and to help mothers in dealing with their children's health needs.

AIDS Education Program Encourages Condom Use

*FL2309173792 Bridgetown CANA in English
1152 GMT 23 Sep 92*

[Text] Kingston, Jamaica, Sept 23, CANA—Ninety five percent of Jamaicans are aware of the dangers of AIDS, but behavioural change to stem the spread of the deadly, sexually transmitted disease remains unsatisfactory, a leading advertising executive has said here.

Gregory McClure, president of Dunlop Corbin Compton Associates, made the comment at the launching of a 2.4 million dollar (one J. dollar ; 4.5 US cents) television advertising campaign seeking primarily to encourage the use of condoms.

McClure said that while there was widespread use of condoms in secondary and casual relationships, the pattern had been to discontinue condom use as the alliance or relationship developed.

"The established cultural practice of multiple partners, the substantial but inconsistent use of condoms with secondary partners and the limited use with primary partners continue to put the sexually active population at high risk," he said, citing the findings of studies done over the past three years.

"By positioning condom use as...the accepted norm in primary relationships, we hope to reinforce the absolute need for condom use in the higher risk casual and secondary relationships," said McClure.

Up to July this year, there were 394 reported cases of AIDS (Acquired Immune Deficiency Syndrome) here,

with 270 people having already died. Twenty five of 35 children with the disease had died.

Thousands carry HIV (Human Immuno-deficiency Virus) without as yet developing "full blown" AIDS.

Jamaica's health minister, Easton Douglas, said the advertising programme was a signal of his government's determination to control the spread of AIDS and other sexually transmitted diseases.

MEXICO

Over 10,000 Registered AIDS Cases

*PA2609130492A Madrid EFE in Spanish 0057 GMT
22 Sep 92*

[Editorial Report] Emilio Gamboa, director of the Mexican Social Security Institute, reported that at least 500 people have contracted AIDS between January 1991 and September 1992. The National AIDS Council reported that out of the 10,357 cases registered since 1982, 4,963 have died.

PANAMA

Total of 378 AIDS Cases

*PA1209162492B Panama City MAGAZINE
DOMINICAL EL SIGLO in Spanish 6 Sep 92 p 42*

[Editorial Report] Public health official Dr. Gladys Guerrero de Torres reports that approximately 10 cases of AIDS are detected every month in Panama. She adds that up to 31 August 1991, 378 cases have been reported, of which 76.7 percent are persons from 20 to 44 years of age.

ALGERIA

AIDS: Medical Supplies, Funds Lacking

92WE0655D Algiers EL WATAN in French
16 Aug 92 pp 1, 13

[Article by Ali Guissem: "AIDS in Algeria; Screening Still Inadequate"—first paragraph is EL WATAN introduction]

[Text] In Algeria, AIDS was long presented as an "imported disease." From December 1985, when the first reported case was detected, until now, figures increased appreciably, and our scientific experts acknowledged that the HIV infection has now gone native.

The latest figures from the prevention department of the Ministry of Health and Population mention 110 cases of the disease and 300 seropositive individuals. Applying the WHO [World Health Organization] method, which estimates that for each case of AIDS there are 50 to 100 seropositive individuals, the number of virus carriers could rise to 11,000 cases of infection.

If we take into account some indiscretions from medical circles, which state that official figures can safely be multiplied by 10 with no risk of exaggeration, the situation is alarming.

According to Dr. Fares of the National Public Health Institute (INSP), while Algeria now belongs among profile-III countries, because of its geographical location between profile-I countries (West Europe) and profile-II countries (Central Africa), it is not shielded from an endemic process in years to come.

Dr. Fares sees no frontiers for sexually transmitted diseases [STDs].

He maintains that AIDS is essentially an STD, and mentions sources predicting that 90 percent of the transmission will occur heterosexually by the year 2000. This precision shows that the HIV infection moves largely from high-risk groups such as homosexuals and drug addicts, to the population at large.

For his part, Dr. Chaker, an official of the prevention department of the Ministry of Health, stresses contamination through blood transfusions, which so far accounts for 25 of the above-mentioned 110 cases.

What Kind of Prevention?

There were 27 reported cases of infection through hypodermic needles, which clearly shows the inadequacy of the public awareness campaign concerning the disease.

With no vaccine against the HIV infection currently available, prevention and information are the only means to slow down the progress of the disease. In our country, the strategy to fight AIDS is almost entirely the responsibility of the National Committee Against STDs

and AIDS, which was created in December 1986. Professor Bouguermouh explained to us that the committee had initiated a short-term control program consisting in setting up as many screening centers as possible and providing the first means of prevention and information (brochures, meeting, etc.).

The intermediate-term program was to be financed in part by the WHO, but its assistance was considerably reduced as a result of the events in Algeria.

Eventually, the intermediate-term program was launched with national resources. It covers essentially transmission through blood and sexual transmission. Thus, in the past year, the number of screening centers increased from 30 to 107 laboratories. Unfortunately, Professor Bouguermouh emphasized, the Pasteur Institute that imports the reagents is no longer in a financial position to make these products available.

More precisely, Professor Bouguermouh mentioned that, by next October, there will be a shortage of reagents at the Pasteur Institute, which is also the national reference laboratory, unless it can find 1.5 billion centimes.

Probably for that reason, screening for AIDS is still not standard procedure in our country.

At present, this type of serologic analysis is performed only at a physician's recommendation. However, blood donations and imported blood products are subject to strict controls.

No Condoms

The second major problem that promotes transmission of the virus through the blood has to do with the shortage of hypodermic needles, even in hospitals. When such medical devices are reused, there is ground to fear that health structures may turn into AIDS propagation points, for which the ministry involved will bear full responsibility.

Concerning the sexual transmission mode, Professor Bouguermouh first regretted that condoms are not available in our country, and he recommended that this means of protection be presented as part of all existing efforts, so each individual could make his own choice (between fidelity, chastity, and condoms).

Condoms, which should not be aggressively introduced, should reappear in pharmacies and at health-care facilities. It is an adequate protective means in 99 percent of the cases, the professor pointed out.

For Dr. Fares of the INSP, who likes to repeat a conclusion of Jonathan Mann (WHO), it is possible to prevent transmission of HIV precisely because HIV is transmitted as a result of individual and social behavior patterns. For this reason, changing the behavior patterns rather than the serologic condition of individuals is the main objective of prevention. But how do you change the

behavior of young men in the pink of condition, unmarried, and with no housing to get married, Professor Bouguermouh asked, with advice to remain chaste?

INDIA

Weakness Seen in Fight Against AIDS

Discussion in Rajya Sabha

92WE0631A Calcutta *THE TELEGRAPH* in English
16 Jul 92 p 4

[Text] New Delhi, July 15—The Telugu Desam Rajya Sabha member, Ms. Renuka Chowdhury, today locked horns with the health minister, Mr. M.L. Fotedar, when he tried to deny that there was any threat of an AIDS holocaust in India.

At a time when political issues are dominating the proceedings in both the Houses of Parliament, Ms. Chowdhury, in an impassioned speech, said India, along with the rest of the world, faced an AIDS holocaust. She said India was not prepared to face the threat because it did not have basic requisites for detecting the AIDS virus nor was it carrying out a concerted media campaign to inform the people about it. She said there were not sufficient Elisa test kits in the country which could detect the HIV virus which causes AIDS.

Earlier in his reply, Mr. Fotedar said the government was not ignoring the AIDS threat, but it also did not want to create an alarm. He said the only problem in India was with the paramedical staff who were reluctant to test the AIDS patients. That too, he said, would soon be overcome.

Ms. Chowdhury hotly denied the minister's statements and said he had not done his homework. She said his reply was "frightening" because it would undo the work the health volunteers were engaged in.

When Mr. Fotedar said the AIDS threat was not as serious in India as in other countries and the situation was helped by the fact that Indians, particularly women, were less promiscuous, Ms. Chowdhury said sexual behaviour alone could not prevent the AIDS holocaust. She said there were other means through which the virus could be transmitted. She referred to unconfirmed reports that the virus was a creation of biotech warfare and asked the minister what steps he had taken to ensure public awareness of the problem. "Have the states informed beauty parlours and barber shops that AIDS virus can be transmitted if barbers do not sterilise their instruments?" she asked.

Mr. Fotedar said there were now 184 full-blown cases of AIDS in the country. He said guidelines had been issued to state governments to carry out a concerted media campaign on the problem and 128 AIDS surveillance centres were involved in examining high-risk patients.

In reply to a question by Mr. N.K.P. Salve who pointed out that the AIDS virus was more likely to be contracted through blood transfusion than by sexual behaviour, Mr. Fotedar said the government will consider making AIDS tests mandatory in blood banks and hospitals. He said instructions have been issued to all blood banks and hospitals to conduct the test before a blood transfusion was carried.

Replying to a suggestion from Dr. J.K. Jain (BJP) that recognition of prostitution as a profession would help in tackling the problem since prostitutes are a high-risk category, Mr. Fotedar said the government did not wish to do it in order to make "home life happier."

Neglect in Kashmir

92WE0631B Bombay *THE TIMES OF INDIA*
in English 27 Jul 92 p 9

[Article by Altaf Hussain]

[Text] Srinagar, July 26—Surveillance for AIDS in Kashmir has been attached no priority either by the medical community or the government.

An AIDS surveillance cell was created at the Institute of Medical Sciences (IMS) here in the mid-'80s under a three-year scheme sponsored by the Indian Council of Medicine Research (ICMR). It has found two AIDS cases in Srinagar. One was a 26-year-old Kashmiri bachelor and homosexual who died at the IMS in November 1986. He was infected with the virus in Germany. The other was a foreign tourist who was deported.

The cell screened about 5,000 people in high-risk areas, including jail inmates who were then reported to be exposed to homosexuality, and those in the house-boat trade who came into contact with both Indian and foreign tourists.

Besides, more than 25 people who had indulged in heterosexual promiscuity voluntarily offered themselves for screening and tested negative. But they didn't turn up for further screening after six months which had been advised to do.

The cell, however, could not conduct any screening of the women in the flesh trade since it was being carried on clandestinely.

Even the house-boat people could not be thoroughly screened since they did not co-operate, says Dr. Salaudin, head of the immunology department of the IMS. He is not convinced that the negative results obtained were true for all the people in the trade.

The screening of patients suffering from venereal diseases is not being carried out because the interaction between the VD department of the SMHS [expansion not given] Hospital and the AIDS cell lasted for only two years. The directorate of health service (DHS) extended little co-operation to the cell.

The armed insurgency in the state with its emphasis on Islamic fundamentalism has checked extramarital sex and also the drug menace to some extent in the valley. Moreover, the decline of tourism has made contact of locals with probable HIV carriers among tourists less frequent.

Nevertheless, doctors point out, that people from the valley visit places in India and abroad where they can indulge in sexual promiscuity and contract AIDS. Thus, a constant surveillance is required.

Thanks to the free Elisa kits provided by the DHS, government of India, every unit of blood is tested for HIV, says Dr. Ismail, head of the blood transfusion department of the IMS. But such kits are not available at other hospitals. The principal of the government medical college, Srinagar, Dr. G.Q. Allaqaband, admits that no such tests are done at the SMHS or any other associated hospital. The SMHS blood bank has not purchased the kits because of the prohibitive cost.

Cases in Uttar Pradesh

92WE0631C Calcutta *THE TELEGRAPH* in English
20 Jul 92 p 4

[Text] Lucknow, July 19 (PTI)—The spectre of an AIDS epidemic looms large over India's most populous state, Uttar Pradesh, as 74 people, mostly professional blood donors, have tested AIDS-positive.

Prof. Asha Mathur of the ICMR-AIDS surveillance centre at the King George Medical College (KGMC) here said of the 74 cases, 37 were detected in the last six months and all belonged to Lucknow and Bareilly.

According to Prof. Mathur, a couple of those affected have already died and many more would die a slow death, multiplying the infection through blood transfusions in the meantime. Prof. Mathur added that there had been a sudden spurt in AIDS cases as compared to previous years.

As against six in 1990, the number of those testing AIDS-positive shot up to 22 last year. This year from January to June, 37 fresh cases have come to the notice of the surveillance centre.

The first AIDS case detected in the state was of a Lucknow salesman in 1989 who spent most of his time abroad. He died within a year at New Delhi's All India Institute of Medical Sciences.

Subsequently, two more full-blown AIDS cases, of a Kenyan student and a Kanpur prostitute, were reported by the centre. The second case was significant as the prostitute could have infected a large number of men.

But the detection of 37 cases since January this year has alarmed medical circles. Prof. Mathur said sporadic cases have also been reported from Gonda, Faizabad,

Gorakhpur and Sitapur districts, and the "possible multiplication" of the infection would pose a jeopardy to the doctors and the planners alike.

Interestingly, many of the samples (about 18,000) screened so far are mainly from the private blood banks. The High Risk groups like that of prostitutes have not been covered so far in the state.

Prof. Mathur attributed this mainly to unawareness, meagre funds and ill-equipped staff. Further, the prostitutes are not registered and there is no survey of the other High Risk groups.

Prof. Mathur disclosed that there had been a lukewarm response from the state government on the AIDS detection and control programme although relevant facts had been conveyed to the officials.

Battle To Stem Spread of AIDS Continues

Center's AIDS Control Program

92WE0653A New Delhi *INDIAN EXPRESS* in English
25 Jul 92 p 7

[Text] Express News Service, New Delhi—The Union Government is quickly putting its AIDS control programme in gear. The National AIDS Control Authority (NACA), approved by the Cabinet on Wednesday, began its formal functioning on Friday with P. R. Dasgupta taking over as the project director.

A Maharashtra-cadre IAS officer who had served between 1987 and 1990 as secretary to the State chief minister, Mr. Dasgupta has relinquished his charge as the WHO-sponsored Health Management Adviser to the Ugandan Government to rejoin the Union Government as an additional secretary.

NACA, which is empowered to implement an \$85 million AIDS-control project funded by the World Bank, has been getting its action plan ready.

Mr. Dasgupta, who has the Ugandan experience (1% HIV sero-positivity) fresh in his mind, apprehends the Indian situation may be "a lot more complex."

The latest data (up to June 30) before his department puts the sero-positivity rate at 5.42 per thousand, out of 15,34,330 [as published] persons screened.

However, heterosexual promiscuity accounts for the largest share of infections—46.20 percent. The use of contaminated blood and intravenous drug intake are the two other culprits, accounting for 18.46 and 18.28 percent respectively.

Mr. Dasgupta is of the view that the indexation methods followed in India are "inadequate," and, as a result, the "seemingly reasonable" rate of HIV sero-positivity in India may be presenting an "incomplete picture."

Mr. Dasgupta says the AIDS explosion in Uganda was largely caused by an inordinately high level of sexual

promiscuity, caused by the breakdown of taboos and the age-old tribal customs as a result of a sudden exposure to western culture.

But, according to him, the Indian reality is more daunting because of rapid commercialisation of sex, and the proliferation of brothels, pick-up joints and call-girls. "The risk factor is much higher when sex is cheap and quick," he said.

In Bombay, which has been described at the recently concluded 8th World AIDS Conference in Amsterdam as the "vortex" of the disease in Asia, NACA has enlisted the Bombay Municipal Corporation (BMC) and the State Government to conduct a door-to-door community survey in the brothel-infested Khetwadi area.

Earlier survey reports, based on findings at STD clinics, have put the sero-positivity in the area at an alarming 35 percent. The community-based survey, to be completed in early-September, may show a much lower rate as it is being conducted on a wider base.

In Calcutta, a similar random survey in the flesh-trade district of Sonagachhee, completed four months ago, has found only five sero-positive cases after sampling 440.

The thrust of the control programme would be to promote safe sex and to improve blood safety, Mr. Dasgupta explained. The level of sero-surveillance is also being upgraded with the introduction of rapid diagnostic kits, he added.

These kits, known as Serrodia, eliminate ELISA readings and instead use a simpler blood agglutination test which can display results within two hours. Besides, some legislative measures are also on the anvil as a result of which hospital authorities and medical practitioners may come under a statutory obligation to provide treatment to HIV-positive patients.

There have recently been half-a-dozen cases, including one at the prestigious All India Institute of Medical Sciences (AIIMS) in the Capital, where HIV-positive patients have been denied treatment.

It is planned that 35.6 percent of the programme budget will be spent on promotion of public awareness and community support, whereas 32.9 percent will be used to improve blood safety.

Bombay Study

92WE0653B Calcutta THE STATESMAN in English
31 Jul 92 p 12

[Text] New Delhi, July 30—Doctors have detected the human immunodeficiency virus in patients with liver cirrhosis, adding one more to the list of high-risk groups for contracting AIDS, reports PTI.

The HIV infection was present in 3.8 percent of those suffering from liver cirrhosis in a study of 130 patients conducted by the BYL Nair Hospital and the T.N. Medical College in Bombay.

Reporting their findings in the Indian Journal of Medical Research, Dr. D. N. Amarpurkar and his colleagues said the virus was present in four live cirrhosis patients who were chronic alcoholics and had never received blood transfusion, and one who was a homosexual.

A recent study in Bombay identified promiscuous heterosexuals, homosexuals, prostitutes, professional blood and kidney donors and recipients of blood transfusion and organ transplants as high-risk groups for AIDS.

The HIV infection is transmitted in the same way as the hepatitis-B virus, which is a major cause of liver cirrhosis in India. Patients of liver cirrhosis are likely to receive multiple blood transfusions in emergencies such as severe bleeding.

Of the 130 patients, 11 had tested positive for AIDS with the enzyme-linked Immunosorbent Assay (Elisa) procedure. Of these 11, five tested positive again with a supplementary Western Blot test.

Further studies are required on a large number of patients to recommend HIV testing routinely for liver cirrhosis patient, the report in the journal said.

Studies are also required to confirm the relationship of the HIV infection in patients of cirrhosis with or without histories of alcoholism.

AIDS in Northeast

92WE0653C New Delhi INDIAN EXPRESS in English
29 Jul 92 p 11

[Text] Express News Service, New Delhi—About one-fifth of the total HIV positive cases in the country were being reported from North Eastern states, the Union Minister of Health and Family Welfare, Mr. M. L. Fotedar, told the Lok Sabha on Tuesday.

Replying to a question from Mr. Probin Deka (Cong), Mr. Fotedar said that the government had not come across any investigation report from North Eastern Institute of Anthropological Research in Shillong, suggesting that one-fourth of AIDS cases in the country were from North East. He said even the Indian Council of Medical Research had not come across such a report.

He said out of 8,309 HIV positive cases reported, 1,611 were from North Eastern states.

Listing various measures taken by the government to check the spread of AIDS in the region, he said safety of blood and blood products was being ensured by establishing zonal blood testing centres in all the seven states.

At present five zonal blood testing centres were operating in Arunachal Pradesh, Meghalaya, Mizoram, Nagaland and Tripura while eight surveillance centres where HIV testing facilities were available—three in Assam, three in Nagaland and two in Manipur.

Besides this, surveillance of people practicing high risk behaviour like intravenous drug users, commercial sex workers and blood donors had been increased, the Minister said.

Mr. Fotedar also told the House that because of the link between drug abuse and the incidence of AIDS in the North Eastern region, five drug de-addiction centres had been started. Besides this, the Home Ministry had established a coordinating mechanism to integrate, review and monitor the plans and action programmes of different departments.

The government also proposed to have programmes to control sexually transmitted diseases, additional surveillance and blood testing centres and have intensive information, education and communication activities.

Replying to another question, he said that the Government had worked out a uniform and standardised procedure for handling, labelling and transporting the blood samples for purposes of HIV screening. He said instructions had been issued to all zonal blood testing centres to collect a third sample of 3 CC for HIV testing.

He said required facilities like testing equipments, testing kits and trained man power had already been provided in the 128 zonal blood testing centres and 52 more such centres were being established.

Mr. Fotedar said there were 1,018 blood banks out of which 608 were in the public sector in the Centre and States, 151 in private hospitals, 203 commercial blood banks and 56 under voluntary organisation. He admitted that many of them including those in the Public sector were not licenced. The government was making it mandatory for all these banks to get licence from the Drug Controller, Government of India.

Mr. Fotedar said 29 percent of the blood supply was coming from professional blood donors. In reply to a supplementary, he said reports of HIV II virus coming to India had been received and the Government would soon be getting kits to test this virus also.

New Virus Detected

92WE0653D Calcutta *THE STATESMAN* in English
25 Jul 92 p 1

[Text] A relatively new strain of the AIDS virus, HIV-II, which has been tested positive in some of the blood samples collected by virologists in Bombay and Pune recently is feared to have spread in eastern India too. According to experts of the School of Tropical Medicine, the new type of virus which is medically considered to "be less lethal than HIV-I" is known to have originated in West African countries about two years ago.

The latest findings regarding the HIV-II has virtually caught the State's Health Department unawares as the blood banks in the city do not have the necessary equipment for testing the particular virus. Only recently, the Hospital for Tropical Diseases in Calcutta, as per the

recommendations of the Centre, has installed a comprehensive kit for conducting a combine test both for HIV-I and HIV-II.

When asked whether the new type of virus had already spread in the city, Dr. M. S. Chakraborty, a leading virologist, said that it can only be determined after the test is introduced in hospitals and blood banks.

Dr. Chakraborty said that the School has been conducting specialized training programmes to educate the medical officers of the districts about the State's AIDS programme, particularly with an emphasis on proper testing of blood samples in the district health centres and hospitals. However, a section of doctors complained that some of the private blood banks in the city were not carrying out routine HIV tests as the cost of blood per bottle was becoming higher.

AIDS in Andamans

92WE0653E Calcutta *THE TELEGRAPH* in English
2 Aug 92 p 1

[Article by Amit Ukil: "'Virgin' Andamans Falls to AIDS Virus"]

[Text] Calcutta, Aug. 1—The AIDS virus has crossed the seas to the Andaman and Nicobar Islands. It has been detected for the first time among the blood samples collected from people staying there. In the space of three months, 30 persons have already tested positive.

These findings by a team of experts from Calcutta have well and truly established that the hitherto unscathed islands have also fallen to the deadly HIV scourge.

The team, consisting of epidemiologists from the Indian Council of Medical Research (ICMR) has, since May this year, tested blood samples of 1,800 people from the islands. Of the 30 found infected by the AIDS virus, as many as 26 are foreigners lodged in the three main jails of the islands.

All these prisoners are illegal fishermen or smugglers apprehended by the Coast Guard, suggesting that the virus may have gained entry to the islands through them. Most of the prisoners come from Thailand and Myanmar (Burma)—there is even a Pakistani national among them. According to information reaching here, all the infected foreigners have since been deported by the local authorities.

But there is a large number of such fishermen and smugglers who get past the Coast Guard personnel and mingle freely with the islanders. The fact that, of the four islanders found to be seropositive, three suffer from sexually transmitted diseases bears down on the possible route and method of import of the virus.

The investigations were carried out by the ICMR unit for research on AIDS in the north-eastern states, set up in March this year. The administration of the Union territory had sent blood samples of seven STD patients, of

which three tested positive for HIV. Delhi was immediately informed and an experts' team was sent to the islands on May 14 to collect more blood samples.

Since then, the team has made one more trip, this time to train personnel on the islands on conducting on-the-spot HIV testing through the use of Serodia kits. Arrangements have by now been made for such tests at 10 different places on the islands, specially on the smaller peripheral ones where foreign fishermen and smugglers gain entry.

Sources said the local administration has started counselling and awareness campaigns to check the spread of the virus, which leads to the deadly AIDS disease. The islanders, more importantly, the tribals, must get to know that the disease as yet has no cure and death is inevitable within 10 years of contracting the virus. Action has to be taken on a large scale, for the tribals, some of whom are already dwindling in numbers, now face a more serious threat of extinction.

HIV-2 Virus Detected

BK2009160292 Hong Kong AFP in English 0725 GMT 20 Sep 92

[Text] New Delhi, Sept. 20 (AFP)—Virologists have for the first time detected cases of Human Immunodeficiency Virus-2 (HIV-2) in India and called for wider screening to counter the virus, the Press Trust of India (PTI) said Sunday.

Quoting the Indian Journal of Medical Research, it said scientists from the National Institute of Virology in the city of Pune had identified 14 cases among 200 high risk

candidates screened. Seven of them were prostitutes, and two professional blood donors.

HIV-2, like the more common HIV-1, can develop into the fatal acquired immune deficiency syndrome (AIDS), which the World Health Organisation and Indian scientists say has gained a foothold in India and now threatens to become a major pandemic in the country.

Dual infection was found in some cases, but current testing in India for HIV-1 does not always detect HIV-2, raising the danger that HIV-2 cases among blood donors and others have remained undetected, PTI quoted the virologists as saying.

ISRAEL

Health Ministry Data Shows 297 Immigrants With HIV Virus

TA2608174292 Jerusalem Qol Yisra'el in Hebrew 1500 GMT 26 Aug 92

[Text] A total of 297 Ethiopian immigrants in Israel have been found to be AIDS virus carriers. This data was revealed for the first time at a news conference held by the Health Ministry today.

Our correspondent Ya'el Ayalon reports that according to the ministry's statistics, 39 Israelis are currently being treated for AIDS, and 934 are known to be virus carriers. The Health Ministry estimates that the total number of carriers is about 3,000, one-fifth of whom are women.

In the coming months, all government hospitals will start performing blood tests for AIDS, and the Health Ministry will launch a comprehensive public relations campaign on the subject of AIDS.

Medical Workers and AIDS: Attitudes Toward the Problem

93WE0038A Kiev VRACHEBNOYE DELO in Russian
No 7, Jul 92 pp 101-105

[Article by USSR Academy of Medical Sciences corresponding member, Professor A. F. Frolov, Candidate of Medical Sciences Yu. V. Kobysheva, Candidate of Psychological Sciences Z. A. Shabarova, and T. L. Kostenich, Scientific Research Institute of Epidemiology and Infectious Diseases imeni L. V. Gromashevskiy, and Kiev City Health Center; UDC 614.23/.25:616-097]

[Text] Spread of the epidemic of HIV infection and growth of the number of HIV carriers and AIDS patients present a serious problem to public health workers. In this connection there is a need for actively solving the problem of protecting medical personnel against this infection, the agent of which is transmitted at the time of invasive procedures through blood and other of the body's biological fluids, with an unavoidable terminal outcome in the event of infection. As Herbert ¹ notes, physicians have found themselves in an atmosphere of psychological discomfort and occupational stress.

Data from surveys conducted among junior medical workers of a certain clinic in West Virginia, USA show that all of them reported experiencing fear when coming in direct contact with an AIDS patient while caring for him. Only 7 percent of them were willing to render emergency assistance to an AIDS patient in restoring his vitally important functions, 57 percent stipulated that they would participate if they were afforded protection by a current of flowing air, and 37 percent absolutely refused to help ². Physicians, who are better informed of HIV transmission pathways and preventive measures, are more willing to carry out their professional duties. In the course of a survey of 700 South African dentists, 50 percent expressed the readiness to treat such patients ³; 15 percent of American physicians (out of 4,100) absolutely refused to care for patients ⁴.

The results of the surveys show that the problem of the professional ethics of physicians is growing increasingly more acute in connection with the AIDS pandemic. The Council on Legal Affairs and Ethics of the American Medical Association reported that illegal discrimination against HIV carriers by public health workers occurs in 16 states of the USA ⁵. A decrease in the number of students in nursing schools in the United States and refusal by the larger part of them to work with AIDS patients are also noted ⁶.

The work experience of the republic's AIDS Prevention and Control Center, which has been functioning out of the Kiev Scientific Research Institute of Epidemiology and Infectious Diseases since 1989, also indicates that physicians have mixed attitudes in relation to HIV carriers, especially in cases where virus carriers require consultative assistance.

Data of the World Health Organization cited above and evaluations of the AIDS problem by specialists permit the conclusion that medical workers are insufficiently informed about HIV infection, and that they are psychologically unprepared for adequate perception of the problem. This is an especially important problem for Ukraine, where given the relatively low level of occurrence of HIV infection (1.4 cases of infection per 1 million population), the overwhelming majority of medical workers have never encountered HIV carriers or AIDS patients.

It may be hypothesized that the degree to which persons are informed about the basic aspects of HIV infection (transmission pathways, preventive measures etc.) is correlated in a certain way with the nature of attitudes toward HIV carriers and AIDS patients. This interrelationship may be the leading factor determining the adequacy with which medical personnel recognize the psychosocial aspects of AIDS and their development of professional attitudes corresponding to the principles of ethics.

In order to reveal the level of knowledge of the AIDS problem and the specific attitudes of medical workers toward persons suffering this infection, the republic's AIDS Prevention and Control Center and the Kiev City Health Center conducted a special study. Its procedure foresaw anonymous questioning of medical workers in the principal specialties, with regard for the degree of occupational risk of HIV infection. The questionnaire was distributed to 226 physicians in Kiev: stomatologists—59, surgeons—41, gynecologists—53, therapists—73. The questionnaire was designed to measure the degree to which respondents were informed on the AIDS problem, and for use as a screening tool at both the individual and the group level⁷. The questionnaire consists of two parts. The first is intended to analyze the respondent's understanding of the basic concepts of the HIV infection problem, and the second is intended to measure levels of information regarding the following parameters: 1) basic information on AIDS; 2) supplementary information on AIDS; 3) awareness of the problem's significance; 4) the tendency to reject AIDS patients.

Analysis of the understanding physicians have of the basic concepts (Table 1) showed that the largest difficulties occurred in defining the term "heterosexual." On the average, only one out of every four physicians adequately defines this concept, which indicates that medical workers have a low level of knowledge in sexology. Because one of the leading pathways of HIV infection is sexual, insufficient occupational training of physicians in this area is extremely dangerous. It was also revealed in the course of the survey that one out of every five physicians (22 percent) is ignorant of the essence of a positive reaction to HIV. Considering that laboratory diagnosis is the principal method of diagnosing HIV infection, this fact can also have negative consequences.

Table 1. Awareness of the Basic Concepts of the HIV Infection Problems on the Part of Kiev Medical Workers

Concepts	Proportion of Right Answers (Percent)				
	Stomatologists	Surgeons	Gynecologists	Therapists	All Physicians
Virus	93	88	91	63	78
Positive reaction to HIV	78	80	77	76	78
Heterosexual	20	41	34	21	24
Immune system	80	93	98	93	91
Antibodies	74	79	80	71	75

Table 2. Basic Indicators of the Level of Information on the AIDS Problem and Attitudes Toward HIV Carriers Among Kiev Medical Workers

Concepts	Proportion of Right Answers (Percent)				
	Stomatologists	Surgeons	Gynecologists	Therapists	All Physicians
Basic knowledge on AIDS	72	73	79	72	74
Supplementary knowledge on AIDS	50	56	56	49	52
Awareness of the problem's significance	64	60	60	57	60
Tendency to reject AIDS patients	52	52	54	48	51

The questionnaire results allow us to evaluate the degree to which medical workers are informed about HIV infection (Table 2). No significance was revealed in the differences between basic indicators depending on the degree of occupational risk of HIV infection. Satisfactory mastery of basic knowledge of the problem is typical of physicians of all specialties (74 percent right answers). Misconceptions were related to the means of preventing HIV infection and the pathways of its transmission. Thus, 32 percent of the respondents underestimate the risk of HIV infection through vaginal sexual contact, and 31 percent of physicians feel that infection can be transmitted by casual contact. The level of supplementary information possessed by respondents on the AIDS problem was lower than their level of basic knowledge: correspondingly 52 and 74 percent right answers. Analysis of the content of wrong answers showed that the opinions that HIV carriers should have outward signs of infection (18 percent right answers) and that HIV can be transmitted by aerosol (35 percent right answers) are widespread. As we can see, opinions regarding the risk of HIV infection through casual contact are rather stable.

Evaluating the degree to which physicians are aware of the importance of the AIDS problem, we should note the following. First, this problem is not perceived seriously enough on the whole (60 percent right answers). Analysis of the content of the answers shows that 84 percent of medical workers feel that a vaccine that will solve the AIDS problem will soon be found. Thus there is a clearly expressed tendency for passive anticipation of a solution to the problem which will not require the individual to change his own behavior, including its risky forms.

According to this logic the AIDS problem will be solved by someone else, and not the particular respondent. Serious apprehensions are also raised by the ignorance of the fact that a person "who is found to possess antibodies to HIV has a significantly greater risk of AIDS than a person without antibodies" (41 percent right answers). Consequently the essence of HIV infection remains unclear to some of the questioned physicians.

A pronounced tendency to stigmatize HIV carriers and AIDS patients was revealed in the survey. Only 51 percent of physicians expressed sympathy for AIDS patients, while 66 percent feel it is necessary to isolate HIV carriers, which contradicts clinical necessity. Most respondents (69 percent) also justify refusal of families to support infected relatives.

The results of the questionnaire survey confirm the hypothesis that the degree to which physicians are informed about the AIDS problem is interrelated with the nature of their attitudes toward HIV carriers. It was shown that the unjustified opinion that HIV can be transmitted by aerosol is widespread. This position of physicians is viewed as a manifestation of an inadequate awareness of the psychosocial aspects of the AIDS problem. It may promote a significant worsening in the epidemic situation owing to creation of an uncontrollable infection focus out of AIDS patients who fail to receive medical care. It should also be considered that in the absence of a state system of psychosocial protection, the society's abandonment of HIV carriers may be a cause of their estrangement from society. A physician's

refusal to do his duty—provide medical care—is unquestioningly a violation of deontological principles and professional duty.

Considering the interdependence revealed by the research between the level of knowledge of medical workers and the nature of their attitudes toward HIV carriers, the principal means of surmounting inadequate attitudes may be defined. It consists of increasing the level of professional knowledge of medical workers embracing the basic aspects of the AIDS problem, and providing them with the necessary means of protection and state insurance against HIV infection in the course of fulfilling their official duties. This will be a prerequisite of higher quality medical care and establishment of a physician's humane attitude toward the patient.

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AIDS Case at Correctional Facility

92UN1972A Vilnius LETUVOS RITAS in Russian
14-21 Aug 92 p 1

[Unattributed article: "AIDS at Lukiskiai"]

[Text] Comparatively recently, the 12th carrier of HIV was discovered and now a 13th has appeared. The virus was discovered in the blood of a man imprisoned in Lukiskiai Prison.

When a consultant from the AIDS Center G. Bogusis described the situation in the Lithuanian corrective labor institutions, representatives of the MVD were quite surprised and they wondered from where such accurate information had been obtained? Clearly, they themselves knew about the homosexuality flourishing in the zones (often violent) and drug addiction, where for the intravenous administering of drugs they reused the only syringe and the only needle, they knew that only one razor was issued to several men and tattooing was done with completely unsterilized needles. In all the Lithuanian corrective labor institutions there are ideal conditions for the spread of AIDS.

AIDS Rate Increases Among Adult Population

LD2808171292 Moscow ITAR-TASS in English
1104 GMT 28 Aug 92

[Article by ITAR-TASS correspondent Lyubov Dunayeva]

[Text] Moscow August 28 TASS—AIDS among the adult population of the country, especially among homosexuals, has shown a dramatic increase, Oleg Yurin, acting head of the Russian Research and Methodological Center for AIDS Prevention and Eradication, told ITAR-TASS. One hundred AIDS infection cases were registered in the first half of the current year, which is about the same as in the whole of 1991. Eighty of them have already died.

A sharp growth of AIDS incidence among homosexuals can be explained by the fact that previously they were practically underground, while now they are expanding their connections and even organising symposiums and meetings. Naturally, this increases the infection risk.

So far as children are concerned, almost no cases of HIV-infection of children at hospitals and maternity homes were registered because of the toughening of preventive and hygienic regime there.

The situation is being made more complicated by the expansion of contacts with other countries, Oleg Yurin continued. Foreigners coming to Russia for a long time have to present a special certificate or undergo an AIDS medical checkup. At the same time, businessmen and foreign tourists remain outside control. Cases of Russian citizens contracting AIDS abroad have become more frequent.

According to Yurin, no new anti-AIDS vaccines or medicinal preparations have been developed so far. Azidothymidine, the only medicinal preparation used both in this country and abroad, does not cure AIDS. It can only stop the reproduction of the virus in some cases and slow down the development of the disease. The effect of azidothymidine depends on the overall health state of the patient, his age and other factors, Yurin stressed.

Government Takes Measures To Prevent AIDS Expansion

AU0709111592 Kiev URYADOVYY KURYER
in Ukrainian 28 Aug 92 p 9

[Unattributed commentary: "We Should Rather Avoid Underestimating the Danger of AIDS"]

[Text] Taking into account the danger to the public constituted by the disease of the 20th century, the government has approved the "Rules for Conducting Medical Examinations for the Purpose of Revealing and

Registering Cases of HIV Infection and Also for Subjecting Those Infected with HIV to Medical Examinations and Preventive Observation." These rules, elaborated in conformity with Ukraine's law "On the Prevention of AIDS and Social Protection of the Population," establish the conditions and procedures for conducting medical examination of Ukrainian citizens, citizens of other states, and persons without citizenship who live or (temporarily) reside on the territory of the sovereign state.

In particular, those citizens of other states and persons without citizenship who have arrived [in Ukraine] to study or work there must be mandatorily subjected to a medical examination for the purpose of revealing those infected with HIV. Persons who have certificates stipulated by corresponding agreements between Ukraine and corresponding states constitute an exception. This procedure also becomes mandatory, once every six months, for those persons who engage in prostitution and for drug addicts who inject themselves with narcotic substances (provided that they are specified as such in accordance with the current law).

Number of AIDS Infected in Donetsk Nearing 40

AU1009105192 Kiev Radio Ukraine World Service in Ukrainian 1000 GMT 10 Sep 92

[Text] The Donetsk Center for Preventing and Combating AIDS has registered another two Donetsk residents infected with this horrible virus. The total number of infected people in the oblast is approaching 40. The center's senior physician, Mykola (?Razdanov), believes that the problem does not only lie in the increase in the number of those infected. The physicians are particularly worried about the fact that AIDS has acquired a local address. This is confirmed by the fact that the recently registered patients had had no contacts with foreigners. They contracted the disease from their fellow citizens.

The Donetsk medics have, so far, been unable to reveal (?all the carriers).

First Case of AIDS Reported in Bukovyna

AU1709102892 Kiev HOLOS UKRAYINY in Ukrainian 11 Sep 92 p 4

[Report by Vasyl Babukh from Chernivtsi: "This Is the Last Thing We Needed"]

[Text] The first case of AIDS has been recorded in Bukovyna. It is not much consolation that the carrier of this dangerous virus was a visiting drug addict from the Transcaucasus. As officials of the oblast Internal Affairs Administration fear, he had contacts with quite a number of people in the region. The search for them is continuing. If the Transcaucasian's partners are not successfully identified, this could lead to an outbreak of AIDS in the oblast.

Twenty-Five AIDS Cases in 1992

LD1309223192 Kiev Ukrayinske Telebachennya Television Network in Ukrainian 1600 GMT 13 Sep 92

[Text] The first eight months of this year, 25 cases of the AIDS virus have been discovered, which is nearly twice the number of last year. The "Novyny" TV and Radio agency was informed of this at the Ukrainian Center for the Prevention of and Campaign Against AIDS.

Kravchuk Sets Up National Committee for Combating AIDS

OW1909175192 Moscow INTERFAX in English 1517 GMT 19 Sep 92

[Following item transmitted via KYODO]

[Text] On Friday, the Ukrainian PRESIDENT [capitalization as received] signed the decree on the establishment of the president's national committee for combating AIDS. The committee has received 4.2 million roubles from the national budget.

Decree Introduces Compulsory Insurance From AIDS

AU2409130392 Kiev Radio Ukraine World Service in Ukrainian 1200 GMT 24 Sep 92

[Text] Ukraine's Cabinet of Ministers has adopted a decree on introducing compulsory state insurance from AIDS for medical and pharmaceutical personnel. This insurance is necessary in the case medical workers who contract the Human Immune Deficiency Virus [HIV] while fulfilling their service duty. Insurance dues will be paid at the rate of one-half and 25-one-hundredths percent of the minimum wage. In addition to this, if infected by HIV, persons who have been insured will receive insurance money totalling 10 times the minimum wage. In the case of disability resulting from AIDS, 50 times the minimum wage will be paid.

AUSTRIA

AIDS Victims Expected To Number 1,000 by Next Year*AU1409084292 Vienna DIE PRESSE in German
12 Sep 92 p 20*

["Milo" report: "Soon 1,000 People Suffering From AIDS"]

[Excerpt] Vienna—By next year already there will be more than 1,000 people suffering from AIDS in Austria; the number of those who suffer from the immunodeficiency caused by HIV is doubling every 14 months. These figures were presented at the Austrian AIDS congress in Vienna on Friday [11 September]. A contribution by an American who claimed that HIV leads to the fatal AIDS illness, above all among those who take strong medication, sparked a heated discussion among the doctors. [passage omitted]

DENMARK

New HIV-Reporting System Seen More Accurate*92WE0627A Copenhagen BERLINGSKE TIDENDE
in Danish 4 Aug 92 p 3*

[Unattributed article: "New HIV Cases in Denmark Every Day"]

[Text] Every day in Denmark a new HIV-positive case is reported, according to the results of a new HIV-reporting system based upon reports from doctors and the laboratories that perform HIV tests.

In the period from 1 August 1990 until 1 August 1991 there were a total of 332 individuals newly infected with HIV, which is believed with a high degree of certainty to lead to the deadly disease, AIDS.

According to the report published in UGESKRIFT FOR LAEGER [Physicians' Weekly], almost 88,000 tests were performed in the course of the year, of which approximately one percent, or 853 tests, were positive. A portion, however, were repeats or positive on more than one occasion.

A problem for the National Serum Institute, which is responsible for HIV monitoring, has been that doctors only report about 70 percent of the HIV cases detected by the laboratories.

"However, we had that problem rectified as of 1 February, so that it is now possible to press doctors for their reports. Because of that, we may expect a more accurate figure in the future," said Dr. Else Smith, who together with Mads Melbye of the National Serum Institute, issued the statement.

Included in the core figure of 332 new HIV infected were 263 men and 69 women.

Of the new, male HIV carriers, 66 percent were infected through homosexual contact, while 19 percent were heterosexually infected and 9 percent were infected through drug abuse.

Police Charge Haitian for Spreading AIDS*92WE0627B Copenhagen BERLINGSKE TIDENDE
in Danish 6 Aug 92 p 7*

[Unattributed article: "First Police Indictment For AIDS"]

[Text] *For the first time in Denmark, the police have attempted to get a man indicted for inflicting the dreaded disease on others.*

The Copenhagen police are working on the first case of an intentional infection of other persons with the deadly HIV. A 34-year-old man from Haiti was indicted on Wednesday pursuant to the code section on serious assault, which deals with major bodily harm and carries with it a sentence of up to 12 years.

The police know that the man in question has been with a series of women beyond the three who have already indicated they had sex with him. It is feared that there is yet another series of unknown victims. The Haitian was taken into custody last Monday. The judge has not released his name for his own protection.

It is the first time—in contrast to Germany, for example—that Danish authorities have attempted to bring an indictment against someone for intentionally infecting other individuals with the deadly HIV. According to information given the police by physicians, the Haitian had already been tested in Arhus in 1985 and found to be positive. His two Danish wives, among others, are HIV infected.

Newspapers in Arhus had already written in the 1980's about the Haitian, who afterwards moved to Copenhagen. Here he lived as a musician and taught and mingled socially with the Rastafarian culture around Nytorv/Gammeltorv, and in cafes and bars in that area.

Early last summer he became acquainted with two 13 year old girls who were friends. Subsequently, he had relationships with both. He is, as a result, charged also with having sex with minors.

Later in the summer, the mother of one of the two girls discovered the relationship when she read her daughter's diary in which their activities were described in detail. At first, she did not report the relationship, but changed her mind after taking a trip to Arhus where she learned of rumors the man was HIV positive.

She then went to the police, who arrested the man and last Monday incarcerated him for 11 days in isolation, charged with sexual intercourse and other sexual offenses with a minor. The girl, who is now 15 years old, has been tested for HIV and found negative.

Afterwards, the friend, who had also had a relationship with the Haitian was located, as well as a woman in her thirties. The police were not able to say on Wednesday whether the two women had been tested for HIV.

In addition to these, the police are aware of still other persons with whom the man in question has had sexual contact, but it is feared that there are even more. Together with staff attorneys, the police considered charging the man with attempted murder, but that has been given up for the present. The police have still not found the women who have been infected by him.

The judge decided last Monday to protect the offender by withholding his name when he appeared in court. Presumably, the police will attempt to get that ruling overturned when he appears again on Friday.

Health Agency Launches AIDS-Awareness Campaign

92WE0627C Copenhagen BERLINGSKE TIDENDE
in Danish 6 Aug 92 p 7

[Article by Hans Davidsen-Nielsen: "Physicians Must Dispense Better AIDS Advice"]

[Text] *A new campaign addresses practicing physicians directly.*

The nation's 3,300 practicing physicians do not adequately advise their patients about HIV and AIDS. The Medical and Health Board, together with the Organization of Practicing Physicians and the Danish Association for General Medicine, is consequently launching a new AIDS campaign to begin in the fall directed toward practicing physicians.

The campaign, according to the Medical and Health Board's office manager, Henning Jorgensen, is in keeping with a recently published study by the Arhus District Hospital which analyzed 779 pregnant women's knowledge about HIV infection and AIDS.

The study showed that 72 percent of the pregnant women wished to receive routine information about AIDS in connection with pregnancy examinations. A majority preferred information through their own doctors.

The analysis also pointed to a need for development of guidelines and instructions for healthcare personnel concerning HIV and AIDS information.

"Earlier we ran informational campaigns for practicing physicians, but we hope the new one will have greater impact because it has been prepared in conjunction with their own organization," said Jorgensen.

The new campaign will contain information on the risk of infection, the spread of the infection both in Denmark and globally, together with a paragraph warning that HIV testing must never be performed by itself—that it must be followed up with advice and guidance.

Jorgensen said that similar campaigns directed at hospital physicians and nurses may also be considered.

Doctor Accused of Revealing HIV-Positive Status

92WE0627D Copenhagen BERLINGSKE TIDENDE
in Danish 8 Aug 92 p 5

[Article by Hans Davidsen-Nielsen: "Physician Accused of Breach of Confidentiality"]

[Text] *Denmark's first legal action on AIDS taken by police, against a 34-year-old HIV-infected man, masks an even greater problem. There is a lack of crisis help, said a support organization.*

Dr. Henrik Isager, a physician at Odense Hospital, has received complaints on a couple of occasions from HIV-positive patients who accused him of revealing their infected status to their partners. The partners had been unaware of the risk of infection.

Dr. Isager, who is with the infectious diseases section, has treated numerous HIV cases who have admitted that they practice unsafe sex, even though they knew they were infected. Nevertheless, he dismisses categorically the idea that Odense Hospital leaked the information to the partners of the HIV-infected individuals.

"We neither can nor want to breach our confidentiality. The only thing we can do is to encourage the infected individual to practice safe sex. But for some, sex is such a large part of their lives, that our strong recommendations go unheeded. Because of that, everyone has the responsibility to protect himself," said Isager.

This information follows in the wake of the first legal action taken by police on AIDS here in Denmark. A 34 year old HIV-positive victim from Haiti was indicted Wednesday, pursuant to the code section on serious assault, for having intentionally infected other individuals with the deadly virus.

Henning Jensen, psychological counselor for the Positive Group for infected gays and bi-sexual men has also run up against unsafe sex among the infected.

Last year he prepared a study for the Medical and Health Board on gay and bi-sexual men's sexual behavior. Among the 19 interviewed, the vast majority were HIV positive. Yet even though they carried the deadly virus in their bodies, over half of those interviewed still had occasional unsafe sex. Henning Jensen explained:

"Many have acute emotional problems when they are diagnosed as HIV positive. Good sense goes by the boards and some HIV infected, in consequence, practice occasional unsafe sex."

According to Jensen, the mischance typically occurs when the HIV-positive individual is sexually undernourished over a longer period or else intoxicated. In certain cases it can be to "punish" the world.

"Crisis help for the infected person can cut down on unsafe sex. Psychological help needs to be provided immediately. But it is very few who get treatment right away. Often there are waiting lists for psychologists in the nation's hospitals," said Jensen.

Larsen: Law Allows Doctors HIV Intervention

92WE0642A Copenhagen BERLINGSKE TIDENDE
in Danish 11 Aug 92 p 15

[Article by Jorgen Keuchel: "Minister: Doctors Ought To Report Those Who Spread Infection"]

[Text] *Health Minister Ester Larsen (Liberal) has said that the medical practitioners law already gives physicians an opportunity to intervene if, for example, a person infected with HIV refuses to inform their spouse/unmarried partner.*

"It is the physician's responsibility if there is not timely intervention with people who consciously transmit HIV to others."

So said Health Minister Ester Larsen in connection with the case pending against a 36-year-old man from Haiti who in the past week was accused of grievous bodily harm after having had intercourse with women without a condom even though he knew he was HIV-positive.

In the past few days several physicians have said that they can only urge people who are HIV-positive to practice safe sex. But the physician's pledge of confidentiality prevents them from warning the spouses or unmarried partners of people who are infected with HIV who do not consent to it.

The health minister believes that such a conception must be based on a "misunderstanding." She said that all physicians are governed by the medical practitioners law's rules governing when there can be a deviation from the pledge of confidentiality.

"It is clearly stated that it can occur in cases in which children are exposed to danger and if consideration of another person's interests justifies it," Larsen said.

So she cannot see why physicians can doubt that it is possible for them to intervene. Uncertainty can arise only in connection with the judgment of when a case is so dramatic that there must be intervention.

"But if the physician should have doubts, he or she should contact the National Board of Health, which can provide advice," the minister said.

Karen Højte Jensen, the Conservative People's Party's spokesman on health, believes the National Board of Health ought to tighten the regulations governing physicians if there are doubts.

"Even today the legislation makes it possible to contact the sexual partner as well without the consent of the

infected person in situations which are life-threatening for the partner," the Conservative spokesman also stated.

Nor does Birgitte Husmark, the Socialist People's Party's health spokesman, believe the regulations need to be changed. But she believes there should be a few more guidelines regarding who the physician should contact, for example, a choice between the public health inspector and the police.

But Ester Larsen does not believe it is possible to come up with specific instructions, because cases are often very different and must be assessed from an overall view.

EC Report: Number of Sex Partners Undiminished

92WE0642B Copenhagen BERLINGSKE TIDENDE
in Danish 11 Aug 92 p 15

[Article by Hans Davidsen-Nielsen: "AIDS Has Little Influence On the Number of Sexual Partners"]

[Text] *Homosexuals and bisexuals have just as many sexual partners as four years ago, a new EC study shows.*

The AIDS epidemic has had an astoundingly small effect on the number of sexual partners homosexual and bisexual men have had in the past four years. In fact today there are more men who have 50 partners a year than there were in 1988.

So concludes a new EC study of the sexual habits of Danish gay and bisexual men. The study was conducted among 1,600 men here in Denmark. Comparable analyses are currently being made in seven other European countries, and together the studies will form the basis for a more effective fight against HIV and AIDS in Europe.

Whereas Danish homosexual and bisexual men in general have gotten better about protecting themselves against the HIV infection, there has been a surprisingly small change in the number of sexual partners. To be sure, there were more among the 1,600 who were interviewed who abstained completely from sex than there were in 1988. But at the same time there was an increase in the categories of 11-20 and 21-50 sexual partners in a year.

The average number of partners for gays and bisexual men in both 1988 and 1991 was two to five per year.

Doctor Jan Fouchard of the Institute for Social Medicine at the University of Copenhagen, who worked on the new EC study together with five other researchers, explained the trend as follows:

"The decline in the number of sexual partners turned up in 1988. A 1981 study showed that at that time there was an average of 12 partners in Copenhagen and eight in Aarhus."

In connection with the first criminal case involving AIDS, in which a 34-year-old man from Haiti was accused on Wednesday of having consciously infected others with HIV, the homicide division of the Copenhagen Police Department received 12 telephone calls from women who said they had had intercourse with the man from Haiti.

The number does not surprise Jan Fouchard. He believes promiscuity is just as widespread in certain heterosexual circles. Jan Fouchard thus urges everyone to protect themselves against HIV.

GERMANY

Budget Earmarks 50 Million German Marks To Fight AIDS

LD0307030792 Berlin ADN in German 1141 GMT
2 Jul 92

[Text] Bonn (ADN)—The draft 1993 federal budget has earmarked 50 million German marks [DM] for combating AIDS. Federal Health Minister Horst Seehofer said in Bonn today that the money is to finance education, models in the new federal states, and applied research projects. The cuts in resources feared by many have been averted.

The assets of the National AIDS Foundation will be increased by 2 million DM from the Health Ministry's AIDS fund. However, the threat posed by AIDS continues. The AIDS Center of the Federal Health Ministry has registered 8,463 cases in Germany from 1982 to the present.

IRELAND

National AIDS Strategy Committee Reports

92WE0647 Dublin IRISH INDEPENDENT in English
20 Jul 92 p 3

[Article by John Whelan]

[Text] Anonymous, unlinked testing for AIDS amongst the heterosexual population—such as pregnant women, new-born infants, hospital out-patients and admissions—are among the recommendations in a report adopted by the National AIDS Strategy Committee.

Controversially, the report, by a committee which is headed up by Health Minister Dr. John O'Connell, also recommends the wider availability of condoms, including their sale from vending machines.

And it also proposes the free distribution of condoms by health boards and other agencies.

The 16-page submission presents short and long-term strategies to combat the spread of HIV infection which are far more wideranging than anything proposed to date.

The submission directly challenges the provisions contained in Minister O'Connell's new Health (Family Planning Amendment) Bill 1992 published earlier this month.

And it is also in direct conflict with the Catholic bishops' stance—revealed in their statement on Friday last—on condom availability and AIDS control.

The proposals adopted recognise that large numbers of people will continue to behave in a way that exposes them to infection.

"Therefore, it is essential that much of the preventative effort is concentrated on making 'risk practices' as safe as possible, as well as trying to change long-standing behaviour," states the report.

Shortcomings

The National AIDS Strategy Committee report is comprised of recommendations from four sub-committees which address care and management of persons with HIV/AIDS; surveillance of HIV/AIDS; education and prevention strategies and measures to avoid discrimination against persons with HIV/AIDS.

It identifies major shortcomings in present surveillance and prevention measures for the disease. And, apart from demanding more resources for education and support for those who are HIV positive, it seeks more direct intervention for groups such as drug users and maintains that an incubation period of up to ten years requires improved and far wider monitoring programmes among the heterosexual community.

There was only one dissenting contribution when the report was presented to the Midland Health Board last week by Dr. Sheelagh Ryan of Mullingar.

The findings adopted by the Committee have now been circulated to the country's health boards.

Health Department Gives New AIDS Statistics

92WE0669A Dublin IRISH INDEPENDENT
in English 5 Aug 92 p 8

[Article: "Four Die of AIDS in Month"]

[Text] Four more Irish people have died from AIDS in the last month.

The latest deaths mean that a total of 118 people have now died from the disease in Ireland. Another case of full-blown AIDS has also been reported to the Department of Health, bringing the total number of cases to 277.

The latest AIDS deaths took place among two bisexuals, one intravenous drug user and one heterosexual.

According to Department of Health sources, over 1,250 Irish people have tested positive for the HIV virus. It is understood that of this number, 82 are babies with the virus.

NORWAY

Number of Heterosexual AIDS Cases Increasing

92WE0559A Oslo AFTENPOSTEN in Norwegian
11 Jul 92 p 10

[Article by Tone Stidahl: "HIV Infection Increasing Among Heterosexuals"]

[Text] *An increasing number of Norwegians are being infected with the AIDS virus through heterosexual relations. Some 20 new cases have been discovered so far this year—against 11 last year. At the same time, far fewer homosexuals and drug addicts are being infected.*

So far this year 50 new cases of HIV infection have been discovered in Norway. That is 18 fewer than during the first six months of last year. The statistics of the way the infection has been transmitted have also changed.

The number of cases that have been transmitted heterosexually has increased significantly. Altogether 20 people who recently tested HIV-positive in the country have stated that they probably were infected through having heterosexual relations. That is almost twice the number of cases since 1991. The increase is even larger in Oslo. This year eight new cases have been registered, while the number for the same period last year was only three. Some of the people infected heterosexually were infected while abroad.

In Africa, Asia, and Latin America the most common way to be infected is through heterosexual relations. Even though Norwegian statistics now show a similar tendency, there is no reason to fear an infection of epidemic proportions among heterosexuals, according to Dr. Peter Kittelsen, head of Oslo's Public Health Department. Kittelsen has examined the statistics and thinks it is difficult to point to a definite tendency since the total numbers are so small. Chance might greatly affect the outcome. Kittelsen believes that the absolute trend of heterosexual infection is somewhere between this year's and last year's infection rate.

People tested in Norway but born in countries with a high incidence of HIV and AIDS make up a large portion of the statistics. In this group, 16 new cases were found during the first six months of this year. A positive aspect of this year's statistics is the fact that the number of infected cases among homosexual men has decreased. During the first six months of last year 27 men were diagnosed as HIV-positive after having had sex with other men. In Oslo the numbers have been reduced from 14 to four.

The number of infected intravenous drug users also has been more than halved since last year. This year, four new cases have been found. Of these people, three live in Oslo.

Stable Statistics

"The statistics for infected drug users have been at a low and stable level for several years. One of the reasons is easy access to new syringes," according to Peter Kittelsen.

One person has been classified this year as infected as a result of a blood transfusion. Kittelsen believes that the person might have been infected for a long time without being aware of it. There should be no new cases of HIV infection as a result of blood transfusions, he feels. No such cases were found last year.

The journal FOLKEHELSE has collected the information for the HIV infection statistics. The physicians of those who test positive are responsible for sending in anonymous information as to gender, age, and possible source of infection.

So far 1,172 HIV-positive cases have been registered in Norway. Slightly more than 900 of them are men. So far 271 have developed AIDS and 189 have died, according to the statistics from FOLKEHELSE.

PORTUGAL

AIDS Risk, National Statistics Provided

HIV Carriers

92WE0629A Lisbon DIARIO DE NOTICIAS
in Portuguese 4 Aug 92 p 14

[Article by L.F.: "An Unknown of Alarming Proportions"]

[Excerpt] AIDS has its mathematics. And, when statistics are reported and demographic projections made, it turns out that the "unknown" in the equation (AIDS) may be of alarming proportions. One of those operations has led to the finding that about half (42 percent) of the homosexual and bisexual population in the Lisbon District is seropositive and, therefore, carrying the HIV virus.

That is one of the "discoveries" made by sociologist Vitoria Mourao, an instructor at Coimbra University, who devotes herself to studying the sexuality of the Portuguese and works at the Center for Socioanthropological Studies Concerning AIDS. But how did Vitoria Mourao arrive at that figure, which may be fundamental, considering the number of new cases in which contagion is occurring and which, according to WHO, will equal the current number by the year 2000? Let us follow her line of reasoning.

8,000 Infected

In Portugal in December 1991, there were officially 388 cases of homosexuals and bisexuals ill with AIDS. Because it is estimated that 55 percent of that total is found in the Lisbon District, it can be assumed that about 213 of those patients were counted in the capital.

Moreover, it has been found, on the basis of a study of the sexual behavior of Lisbon residents, that 3.1 percent of the men over age 21 engage in sexual practices with persons of the same sex. On the basis of the population statistics for Lisbon, that makes a total of 20,365 individuals.

And, because WHO estimates that the number of infected individuals is 40 times greater than the number already ill, a simple rule of three shows us that the 8,520 (213 x 40) seropositive individuals in Lisbon add up to 42 percent of the estimated total number of homosexuals and bisexuals in the city. [passage omitted]

Figures, Location of Cases

92WE0629A Lisbon DIARIO DE NOTICIAS
in Portuguese 8 Aug 92 p 16

[Text] In Portugal as of 30 June, there had been 550 deaths from AIDS, according to a document from the National Health Institute's Center for the Epidemiological Control of Infectious Diseases. According to that same document, 959 cases of AIDS (87 percent men and 13 percent women) have been reported in our country. Most of the patients are between the ages of 20 and 44 (71 percent), and 2.7 percent are under age 14.

Homosexuality and bisexuality are involved in 45 percent of the cases, and heterosexuality is involved in 28 percent. "Sexual activity continues to be the most important means of infection; it was noted in 73 percent of the cases," says Machado Caetano in that same study.

The next most important risk factors, in descending order, are intravenous drug addiction (16 percent) and the transfusion of blood and blood products (9 percent). Transmission from mother to child, which was responsible for 11 cases, represents 1 percent of the total.

"The incidence of HIV-2 in Portugal (10 percent) continues to be high in comparison with the other European countries. HIV-2 infection seems to be more frequent in women (24 percent) than in men (8 percent), a fact that should be a matter for reflection," according to Machado Caetano.

The six districts with the most cases are Lisbon (527), Setubal (90), Porto (85), Faro (26), Leiria (20), and Braga (18). Machado Caetano also stresses the "disturbing levels of seropositive results among drug addicts, prisoners, and other groups involved in risk behavior." He emphasizes the need to collect nationwide data concerning those groups and to conduct a few anonymous uncorrelatable studies, particularly among pregnant women and caregivers.

Overburdened Hospitals

The same physician warns that some hospital services are already overburdened. "The shortcomings in psychological and social support are obvious in many areas, and it is essential to plan for and move toward the organization of day-care hospitals and in-home care, and the establishment of support centers."

Machado Caetano considers it essential that there be "government and community support" for nongovernmental organizations and volunteer groups. "It is necessary to plan and organize models of social support for AIDS victims and their relatives, whose needs in many cases are already alarming."

UNITED KINGDOM

Tuberculosis Tests Reported No Longer Safe

92WE0514A London THE DAILY TELEGRAPH
in English 18 May 92 p 4

[Article by Peter Pallot, Health Services Staff: "Tuberculosis Test Puts Children at Risk of AIDS"]

[Excerpts] A skin-puncture test carried out routinely on a half-million children a year poses a possible AIDS risk, Government health officials have decided.

The 30-year-old BCG test—given to all children around the age of 12 to find out who needs immunisation against tuberculosis and who may have been infected—is no longer safe, says the Department of Health.

Directors of public health are told sterilisation by immersing in alcohol then igniting the skin-puncture gun between patients is not good enough. [passage omitted]

A few years ago, public health experts were considering phasing out BCG tests because tuberculosis was so rare.

But recently the incidence of the disease has been increasing, a development thought to be linked to increasing numbers living rough. AIDS is one of the factors behind a surge in incidence of TB in American cities.

The Department of Health said last night there were no known cases of infection being passed on by the BCG test. [passage omitted]

More than 500,000 children are given the test annually, which brings the cost of disposable heads on the puncture gun to £350,000 a year.

At least 10 million children have received the BCG test since it was introduced in 1953. Uptake of the test was initially low with parents still haunted by a disaster 30 years earlier when a faulty batch of tuberculin was given to 250 children in Lubeck, Germany, 73 of whom died.

However by 1962, uptake had risen to 60 percent and, in the 1980s, more than 75 percent of children were tested.

Only around five percent are found not to need vaccination and these children are X-rayed and given TB therapy in many cases.

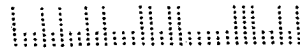
Children are vaccinated between 10-13 because at that stage they make wider social contact.

The test is also given to immigrants, especially from the Caribbean, and to babies if a family member is infected.
[passage omitted]

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